# Maternal Mortality

By ROSS MITCHELL, M.D., Winnipeg, Manitoba.

Scripture bids us go to the ant for a lesson in foresight and provision against the future; for a lesson in the care of mothers we might well go to the bee. In the hive the queen bee is queen not because she is the ruler but because she is the mother of the hive to be, and the workers watch over her with unremitting care. For her they provide fresh air, spacious living quarters, freedom from worry and an ample supply of suitable food. What the bee does by instinct man with greater intelligence, or should we say, only a greater capacity for developing intelligence, has so far failed to do.

In a recent address to the graduating class of the Winnipeg General Hospital Training School for Nurses, Rev. Dr. Christie used an arresting phrase, "The Cruelty of Ignorance." Mankind has not been deliberately and intentionally cruel to mothers but ignorance has taken a terrible toll of lives. If wanton neglect has slain its thousands, ignorance has slain its tens of thousands. In the Vienna General Hospital where the best obstetrical science of the day was available the maternal mortality during the early years of the 19th century rose in some months to the appalling figures of 20.84 and 29.33 per cent. In one division of the hospital the mortality from puerperal fever during the years 1841-1846 inclusive, varied between 6.8 and 15.8 per cent.; the average for 20,042 cases during the six years was just under 10 per 100. During Semmelweiss's regime in the year 1848, after he had demonstrated the contagiousness of puerperal fever and had made compulsory the use of chlorinated lime in preparing the hands of the examiners, the death rate among 3,556 patients fell in this same division to 1.27 per cent. Though other men before Semmelweiss, notably Charles White, of Manchester (1773), Alexander Gordon, of Aberdeen (1795), Oliver Wendell Holmes, of Boston (1843) had proclaimed the doctrine of the contagiousness of puerperal fever the world was not in their time prepared to receive the truth and it is with Semmelweiss in 1847 that the modern era of obstetrics begins.

Even Semmelweiss, however, did not know the exact nature of the contagion. It remained for Pasteur to demonstrate that infection and disease are caused by bacteria. It is said that he was present at a medical meeting when the speaker declared that the cause of puerperal fever was unknown. Pasteur jumped up, rushed to the blackboard and drawing a row of dots to represent the chains of streptococci, exclaimed, "There, that is what it looks like!" Lister, by making a practical application of Pasteur's germ theory, revolutionized surgery and made operations so safe that now the most recent graduate in medicine can successfully remove an appendix or treat a compound fracture of the femur.

It is the reproach of obstetrics that its mortality rate has not declined in recent years to the same extent as has the mortality in surgical cases. We have come a long way from an average mortality in the Vienna General Hospital in 1841-1846 of 11 per cent. or 110 per 1,000 to an average mortality in Canada from July 1st, 1925, to July 1st, 1926, of 6.4 per 1,000. Yet the bitter truth is that we have not progressed nearly as far as we should. In the period mentioned there were 1,532 deaths in Canada. Were the maternal rate the same as

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in Denmark or Holland, one thousand of these lives would have been saved. Compared with Great Britain, Canada has half as many maternal deaths with less than one third as many births. In Manitoba during the years 1921 to 1927, inclusive, there were 590 deaths following upon the supposedly physiological and natural function of childbirth.

There are signs that the world is awakening to a realization of its shortcomings in respect to its care of mothers, and is seeking to enlighten the general ignorance. The Minister of Health in Great Britain has very recently appointed a Maternal Mortality Committee for the direction of researches in this subject. The Ministry of Health has issued two valuable publications by Dame Janet Campbell, Maternal Mortality (1924) and The Protection of Motherhood (1927). The United States Ministry of Labor has prepared a valuable report, dated 1926, on Maternal Mortality in that country. In Canada Dr. Helen MacMurchy, of the Federal Department of Health has compiled a report, Maternal Mortality in Canada, which appeared in February, 1928. All over the civilized world men and women are concerned over the needless slaughter of mothers.

In September last at the annual meeting of the Manitoba Medical Association a committee was appointed to investigate maternal mortality in this province. This committee has collected statistics and all these statistics go to prove that the greater the prenatal care the less the maternal mortality. During the last five years 148 mothers died in Winnipeg during childbirth, a rate of 4.8 per 1,000 live births as against a rate of 6.4 for Canada during the corresponding period. The rate for Winnipeg mothers confined in city hospitals during the year 1921 to 1927, inclusive, was only 4.2 as against 7.5 for mothers coming here from outside points. A prenatal clinic for public patients was organized in the Winnipeg General Hospital in January, 1921. In the four preceding years, 1917 to 1920, the maternal mortality rate for this hospital in both private and public wards was 10.19 per 1,000 live births while for the period January 1st, 1921, to October 31st, 1927, after the organization of the clinic the hospital rate was 5.14, a decrease of almost one half. In the public wards of this hospital with a closed staff, and with many of the patients having regularly attended the prenatal clinic previous to admission, the maternal mortality rate from July 1st, 1923, to December 31st, 1927, was 3.17 per 1,000 live births, almost half the rate for Canada at large. It was hoped to present statistics covering the mortality among the 2,791 women who have passed through the prenatal clinic of the Winnipeg General Hospital but this was found impossible. There is no doubt that the mortality rate for these women would be considerably less than even the rate for the public wards. Wherever records of prenatal clinics have been kept so as to show the maternal mortality the rate for their patients has been noticeably lower than the average.

In a recent article (British Medical Journal, June 9th, 1928), Dr. James Young, of Edinburgh, cites the experience of the East End Maternity Hospital in London which conducts over 2,000 cases yearly. There is a well organized ante-natal system, and the forceps rate is under 3 per cent. Despite the fact that the practice is among the very poor and that it is practically unselected it has a mortality rate standing at a little over 1 per 1,000 cases. Sepsis is practically eliminated from this practice, and there can be little doubt that this is due mainly to the excellent administration, the careful supervision, and the low instrumental rate. This rate of one death per thousand cases probably represents the unavoidable mortality in our present state of society, and with our present knowledge.

To estimate the casualties among mothers only in terms of mortality is short sighted, since for every mother who dies there are at least ten who survive to bear with them scars which

are recognized in such pathological terms as cervical and perineal lacerations, uterine displacements, prolapse of the uterus, subinvolution, cystocele, rectocele, endocervicitis, pelvic cellulitis, etc. To obviate these casualties, to recognize them early and to apply or point out the appropriate remedy, the post natal clinic has been established. In the Winnipeg General Hospital such a clinic has been in operation over a year.

All experience shows that the three outstanding causes of maternal mortality are puerperal fever, toxaemia and haemorrhage. While we know that puerperal fever is due to invasion by bacteria we have not sufficient knowledge of immunity to enable us to tell why one patient will develop sepsis while another under apparently similar conditions will not. There is reason, however, to believe that focal infections as of teeth or tonsils, overwork, lack of rest, even mental depression and worry, predispose to infection. All these conditions are capable of being corrected if the patient is seen early in her pregnancy. Proper preparation for labour as in the provision of sterilized dressings will also tend to prevent infection. Toxaemias are essentially errors of metabolism and while as yet we cannot hope entirely to prevent them we can with prenatal care prevent the graver manifestations such as eclampsia. By providing that the patient comes to the ordeal of labour in the best physical condition and that the labour be conducted with an understanding of its mechanism haemorrhages can be largely prevented. Thus we see that prevention is the key to the problem of a reduction in maternal mortality. We must direct our energies to the supplying of information to expectant mothers as to the advantages of prenatal care, to the establishment of prenatal clinics or maternity centres, and to preaching in season and out of season the gospel of prevention.

So far this problem has been considered only from the medical point of view. While this is highly important the problem of maternal mortality affects a wider circle than that of patient, nurse and doctor. As Sir George Newman, the principal Medical Health Officer of Great Britain, points out, the social aspects of this maternity problem are even more important than medical issues. "For motherhood," he says, "is not only the physical source of the people but also one of the foundations upon which a nation is built. The only sound statecraft is to encourage and protect motherhood." Doctor and nurse working together can be leaders in this crusade against the ignorance and carelessness which have cost the lives of so many young Canadian mothers.

Manitoba among the provinces of Canada led the way in providing public health nurses. As a medical man of Manitoba I am proud to give my tribute of praise to the noble work being done by these public health nurses especially in the sparsely settled districts which cannot support a medical man. The Red Cross Society has also done valuable work in this province. The problem of maternal mortality and morbidity is so pressing that we must not hide our light under a bushel. Provincial Governments should be shown that it is their duty to make provision for the medical needs of isolated communities, and especially of soldier settlers who were urged to go on the land, and to arrange for the construction of roads and telephone lines wherever they are required. Municipal councils should be told that it is false economy to do without a public health nurse in the municipality. Hospital boards and staffs should be urged to provide prenatal clinics and to provide beds for ante-natal cases. United Farm Women, Daughters of the Empire, Women's Institutes and other organizations which have to deal with the welfare of women and children would be pleased to include in their programmes addresses on the protection of motherhood. Who are better qualified to give such addresses than members of the Canadian Nurses Association or the Canadian Medical Association?

Expectant mothers should be informed of the helpful Mother's Book and Babies' Book issued by the Federal Department of Health, the Manitoba Board of Health and other boards. These books may be had free on application. The formation of Little Mothers classes for 'teen age girls should be encouraged. It will only be by long and patient united effort that the cruel devil of ignorance can be exorcised and in this effort doctor and nurse, best fitted through their professional training, should lead the way in saving those true pillars of society: the mothers of Canada.

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## *Psychiatric Training for the Student Nurse*

By MARY L. JACOBS, Superintendent of Nurses, The Ontario Hospital, London.

During the past few years the development of the modern hospital for mental diseases has been such as to create an ever increasing interest and optimism in regard to mental maladies. A number of these hospitals maintain training schools for nurses where a three-year course is given, including sufficient affiliation to meet the requirements for registration of nurses.

To those closely connected with and deeply interested in psychiatric nursing it does not seem that general hospitals and schools of nursing are sufficiently impressed with the importance of the practical knowledge of psychiatry. Considering the prevalence of mental disorders it does seem that today a nurse's training is not complete without this experience, and should it be included in their training it would be an important step in nurse education. Further, general hospitals would add materially to the value of their services by providing adequate facilities for the temporary care of the emergency mental case and at the same time make available the opportunity for the study and nursing care in specified cases by the student nurse.

Mental hospitals, with their larger number of patients and diverse types of psychoses each receiving care and treatment suited to his particular need, offer a wider field for observation and study. An affiliated course in psychiatric nursing at any of the larger mental hospitals would be of value to the general hospital nurse, whether later she is nursing mental or bodily illnesses, for there is a mental aspect in every illness and the nurse who has some understanding of the different types of human behaviour and personality, and is sensible to the possible significance of any outstanding mental symptoms is best qualified to deal with the mental side of the patient's condition. Such a nurse should be of greater service to both the patient and the physician. Frequently she has the opportunity to draw the attention of those most concerned to the need for advice and help. It is just as important to recognize mental disorders in the early stages as in other diseases. Mental illness requires as careful nursing and treatment as any other form of illness in addition to the particular care required to meet the mental situation. It must be kept in mind that recovery is always possible: it may not be generally known that a considerable number of mental cases terminate in recovery.

MISS BERTHA HARMER

McGill University, Montreal, is very happy to announce their very good fortune in the appointment of Miss Bertha Harmer, R. N., B. S., A.M., as the director of the McGill University School of Graduate Nurses. Miss Harmer is well known as the author of the text-book, "The Principles and Practice of Nursing," which is not only widely known in Canada and the United States, but, we hear, is much appreciated by nurses in the far lands of China, Persia, France and other European countries. She is also the author of "The Principles and Methods of Teaching the Principles and Practice of Nursing," the first book on teaching nursing, which is also widely used in both graduate and undergraduate schools of nursing.

Miss Harmer graduated from the Toronto General Hospital School of Nursing where she also served in both administrative and teaching positions as head nurse, supervisor and instructor. She took the courses in Teachers' College, Columbia University, in Administration and Teaching in Schools of Nursing, graduating in 1918 with the B.S. degree. During the summer of 1918 she was instructor at the Vassar Training Camp for Nurses. Later she studied Administration and Teaching in the field of general education at Teachers' College, graduating with the A.M. degree. Miss Harmer served as instructor in St. Luke's Hospital, New York, for a number of years. Following this valuable experience she was called to the newly established Yale University School of Nursing to serve as Assistant Professor in the University charged with the Curriculum, and as First Assistant in Administration in the New Haven Hospital. While here she had a rich and unique experience in helping to develop and put into practice some of the newer policies and methods of progressive nursing education. During the past year Miss Harmer has been spending some time at Teachers' College, in continuing the study of Administration and Teaching in general education, in colleges, professional schools and teachers' colleges.

Miss Harmer succeeds to the position left vacant by the death of Miss Flora Madeline Shaw, last autumn. Canadian nurses feel that they are most fortunate in having such a person as Miss Harmer to continue the work in Nursing Education so ably begun at McGill University.

# Department of Nursing Education

## *The Organization of Community Interest in Nursing Education*

### I

### FROM THE STANDPOINT OF THE PUBLIC

By MARION LINDEBURGH, Regina Normal School.

During the last quarter of a century there has been a rapid growth in the nursing profession—a growth which has developed as an answer to the public's need for nurses, and that is reflected in all branches of nursing activities. This development is particularly manifested in certain aspects of nursing education.

If the time has come in the world of academic education, where specialists are devoting their time to a fuller and higher development of the individual, is it not reasonable that leaders in nursing education are more concerned with the quality and character of the individual enlisting in the nursing profession?

Nursing is only one of the several vocations open to the high school girl, and training schools must be placed on the same basis as other educational institutions, if they are to attract young women of the right caliber in sufficient numbers to provide an adequate nursing service for hospital and community.

The education of the nurse is a matter of public concern—a different view point from that of a few years ago.

Young people are deciding very early as to their choice of vocation or profession, and therefore, provision should be made in the public and secondary schools and in the universities for specific instruction which, at a later time, will be suitable to the needs of nursing requirements. In order that this may come to pass it is important that a new and wide-spread effort be made to obtain understanding of our aims and of our needs by the people whom we are to serve, and who, in turn for such service, must supply the funds.

Until schools of nursing are financed in the same way as are other schools and colleges through public funds, obtained through legislation, we will not secure the educational standards for which we are striving. This change can only take place through improved public opinion and a community made intelligent in the matter. Perhaps an outstanding weakness in some of our nursing schools is the limited teaching, and the cause of the weakness is lack of money and public opinion. We cannot have better schools until we have economic independence, and we cannot have economic independence until we have an enlightened public.

The task of obtaining community understanding, and through it community co-operation, is the most important matter on the immediate horizon, and it depends so largely upon the way nurses present nursing to the public. Public understanding and a full hearted co-operation will only come as nurses exemplify by their lives that *education* and *service* are blended together as a great professional contribution to the community.

We accept the fact, then, that the public must pay for nursing science.

(Read at the Nursing Education Section, Canadian Nurses Association, July 5th, 1928.)

In such we have been interested in the reports that are available from time to time regarding the work of the grading committee in the United States relating to nursing education.

Dr. Burgess, the director of the Survey, has laid much stress on nursing economics as is reflected in the responsibility of the public. The public is entitled to have good nursing service, and it can have it, if it wants to pay for it. The time will come when the public will assume responsibility in the matter of nurse education, and it is now for us to educate the people as to the value of high professional standards.

From the public's point of view this involves three major essentials: (1) The public must realize the value of nursing being conducted by skilled educators. (2) That every student admitted should have a high academic standing, and that the number admitted should be controlled not by the needs of the hospital but by the needs of society for service of graduate nurses. (3) The public should be led to the fact that schools of nursing are being taken over by universities, and public support is indicated for the express purpose of financing the education of professional nurses.

The standard for nursing education should be publicly considered in terms of university qualification, as is the education of the doctor, the lawyer, the engineer.

In an effort to fix or establish responsibility relating to desired improvements in nursing education, we are led to the conclusion that an improved community interest is basic and essential. How then should we proceed to build for a greater community interest? From the public point of view the initial answer to be given would carry us into the realms of psychology.

What we know of learning, of the building of habit responses, all hold good here. Any abiding opinion is but a habit of thinking, joined up in an aggregate of related habits, similarly formed "Practice with Satisfaction" is doubtless the way in which habits of opinion are formed. If the public is satisfied with a procedure or situation, if it is convinced of its values; if it meets a need—the result is general approval and support, and only through a continuance of such response will a firm opinion and public interest be maintained. And, if the theory of democracy is followed through, the education and general development of a community is what the citizens of that community wish the standards to be.

Nursing education is on the list of modern educational developments and the need for *publicity*, informing the people of the necessity for improvement in the character of nursing education, should be accepted as the essential step towards the organization of community interest in the profession. To see that the public is at all times informed of purposes and accomplishments in the various phases of nursing education is not only a professional opportunity but a professional obligation.

Mediums for publicity embrace such carriers as magazines, the technical journals, window cards, leaflets, and the daily press. By taking the public into our confidence they can be convinced of our sincerity in the desire to serve all classes, and in giving the best of nursing service to all. Again, from the view point of the public, is it not logical that they should be intelligently informed regarding the desired qualification of a future servant, for whose service they must pay? In this same relation it would be approved that training school committees interpret the educational aims and needs of the school, not only to the board, but to the community.

Has it not been suggested that hospitals and nursing schools have accepted as inherent and final, the existing and somewhat isolated re-

lationship between the two, and have failed to give public expression to situations that should be of public concern?

The election of women to hospital boards is to be highly recommended. Our school systems have demonstrated the value of public spirited women as members of educational boards.

The inauguration of an annual "Hospital Day" when the citizens are invited to visit the hospital as an operating institution will establish a contact which should develop a general feeling of good fellowship.

Just at this point it might be suggested that from the public's point of view it would be wise to change the conception of the term "hospital"—not simply a custodial place for the sick, but a community house of health. A broadcasting station for preventive medicine. An institution meeting a community need: in cordial contract with the health officer, the visiting nurses, and all social welfare workers.

Another force to be considered in stimulating public interest relates to what is termed "Vocational Guidance." This is now a recognized part of all proper educational systems. One of our well-known educators states that an outstanding problem in modern high school administration is the provision of proper vocational direction for high school students, and he has expressed a strong sympathy towards vocational or professional instruction in nursing fields. It is indeed imperative that intelligent facts concerning the profession be properly presented to high school girls. If such a procedure could be more generally carried out, in our secondary schools and colleges, much of the indifference and misunderstanding concerning education would be dispelled. The schools of nursing themselves should be an indorsement in this regard. They should realize that the high school girl not only should be provided with vocational instruction, but that skilled instruction in the hospital, comfortable living quarters and recreational advantages, will serve as an attraction for the student of education and culture.

Lastly, from the view point of the public we must ever keep in mind the individual responsibility that should be assumed by every member of the profession, particularly the influence of personality, courtesy, and efficiency in creating attitude and public interest in our work.

Memorials have been erected in honour of those who because of great appreciation, of ideals of service, won the esteem of a nation. The statue of Florence Nightingale, serene and dignified as it stands in Trafalgar Square, the lasting recognitions to Edith Cavell, the Nurses' Memorial in Ottawa, are all in the public eye, convincing expressions of the highest type of nursing service. If this high quality is to be maintained, it must be and can only be through an attitude on the part of the public appreciative of and actively sympathetic towards the present day problems concerned in nursing education.

## II

## FROM THE STANDPOINT OF THE HOSPITAL

By C. E. GUILLOD, Superintendent, General Hospital, Maple Creek, Sask.

New schools have been established and existing ones enlarged in response to extension of hospitals and growth of work carried on in them. This has been accomplished often only by the superhuman efforts of the principal in charge of the training school, often without a great deal of sympathy and certainly very little understanding from the community the hospital serves. She is expected to see that the nurse is educated and at the same time that the patient is cared for.

It would seem that the community has an idea that a nurse is created on demand according to the exact pattern it thinks a nurse should follow. Since this is an age of de-

veloped personalities and diverse ideas, and the nurse is supposed to measure up to each individual idea of what a nurse should be, she is made rather a target for criticism before she has had time to develop sufficient poise to adapt herself to the varied atmosphere of hospital life. In this way the hospital, dependent on its students for nursing care for the patients, has a problem on its hands to satisfy the public even while it may be giving excellent nursing care. The student, besides being immature, is often poorly equipped in preliminary education. There is still a prevalent idea in many communities that a young woman may enter a training school with only a public school education and with a minimum of home training.

To my mind, as long as the community supplies imperfect human beings, who come into our training schools *asking* to be trained, it should be fairly lenient in what it demands of its young students. Hospitals endeavour to give a maximum of service with the present system of staffing hospitals, and until training schools are afforded a separate identity from the hospital and made a subject of community interest and co-operation, hospitals will be handicapped in their service. It is certainly not the fault of these young women who come into our training schools ready to give service to the utmost of their strength and with a trust unbounded in the hospital management. It is marvelous to one whose work lies in the field of giving instruction to these eager young w o m e n that they measure up so wonderfully. In no other line of work or study are students expected to take intensive theory and at the same time earn their instruction by giving practical work in return. Surely these young women should be well equipped physically and educationally, as well as having had instilled into their minds sane, pure ideas and a proper perspective towards life before being admitted into training schools. But, are they? And superintendents are compelled to staff the hospitals with the best material that the adjacent community or some other community affords; and further, are expected to make *perfect* nurses to satisfy every conceivable notion that ill people are afflicted with. Then if they fail to satisfy public needs in every case it is all the fault of the nursing staff, or the hospital board may be censured.

I think all of us doing training school work unconsciously look to faults in ourselves or in the management or equipment of the institution if our students do not measure up to all we expect of them. How wonderful if communities c o u l d learn enough about the training school entity of the hospital to develop the same point of view in regard to themselves. They have a right to demand the best of nursing services both inside and outside the hospital, but students also have rights, if they are to be fitted for all the educational and cultural components included in the present day nursing course. The background of the student nurse must be studied if she is to develop along right lines. The head of the training school must by her own attitude to the students inculcate kindness and sympathy in the spirit of the training school towards the patient. She must be carefully chosen by the board of directors, it being essential that she be educated to hold her position, as the training school can never be greater than its head.

Then the hospital must be so planned that there is order and harmony in the machinery of its hospital life, for how can the student assimilate these in an atmosphere entirely different?

Since culture must not be dropped out but must grow with the other elements in a nurse's life, the background of the student during rest

and recreation hours must be considered also. Too often the student develops a careless attitude towards the public she has undertaken to serve because her own individuality is not being recognized and protected.

If the hospital and the training school are made *the* important institution in a community, the matter of the education of the nurse, and the training and experience due her for her three years' service, will also be a matter of first concern to the boards of governors, medical staffs, and the public. They will feel they have a duty towards these young women, to give back to the student nearly as much as they receive from her as possible. It is a public responsibility to provide the means of education in all callings which serve mankind and particularly in those which have for their object the relief of suffering and the promotion of health.

The standard high school course represents four years of study and this is a necessary preliminary to the nursing course. The student of high school age who knows in advance she is to enter a school of nursing, should find in the high school curriculum an opportunity to fulfil her needs in her own individual curriculum. Social sciences and subjects relating to nursing should be stressed.

Community life is benefitted by promoting and facilitating nurse education because a nurse's education develops personality: by broadening individual knowledge of human society and by increasing a sense of responsibility. It is repaid by receiving the kind of nursing service it needs and wants.

III

## FROM THE STANDPOINT OF THE MEDICAL PROFESSION

By LILLIAN A. CHASE, B.A., M.B.,
Regina, Sask.

The community is chiefly interested in the end product of nursing education, namely, the trained nurse. The details of the process leading to graduation are vague in the minds of the public. "Do you have to scrub floors the whole first three months?" the probationer is asked.

The professional requirements of teachers are commonly discussed by the laity, first and second class certificates are ordinary topics of conversation, but the educational requirements and examinations of nurses are a mystery. It is doubtful if the community knows that the nurse has any teaching apart from the daily work on the wards. They know nothing of the formal lectures given or who gives them. The reason for this ignorance is not indifference on the part of the public but the fact that they are separated from the training schools by that formidable body, the board of governors. This board, dealing with problems affecting large numbers of women, seldom has a woman member. The women in the community who are interested in hospitals form hospital auxilliaries which do pleasant little tasks like making dresser covers, leaving work requiring thought to the men on the board. When the married women in the community who have leisure for public work begin to regard themselves, as adults, capable of assuming responsibility on hospital boards, the will bring to the task the practical common sense which has characterized their work on school boards. They will form a link between the board and women's clubs.

In a city of Regina's size the Collegiate teachers have a certain prestige, and good salaries. Their work is considered important. Is not the teaching of nurses as important as the teaching of high school students? It assuredly is and would be considered so if the nurses made the community see its significance.

The appointment of a medical lecturer to the nurses' training school should be of as much concern to the public as the appointment of a chemistry teacher to the collegiate.

It should mean some thing more than inveigling a tired man into doing a little more charity work after hours. Will the time ever come when the lectures can be given before 5 p.m.? Most hospitals assume that doctors enjoy working for the love of it. Why not raise the status of the doctor-lecturer by the payment of salaries in line with those of the collegiate teachers. A conscientous lecturer must read current medical magazines and the latest text-books. Preparation for each lecture requires at least two hours. Just why the community regards this service of less value than that of its engineers or its teachers is difficult to understand, except that it is so regarded by those who do it.

"Lecturing to the nurses" must be changed from a thankless task at the fag-end of a day to an honour contended for by many but given only to the efficient, well-chosen few.

IV

## FROM THE STANDPOINT OF THE NURSING PROFESSION

By M. IRENE HALL, Superintendent, Victoria Hospital, Prince Albert, Sask.

Granted that there is already community interest in all matters pertaining to health now that the business of living is influenced so largely by the ability of each individual to enter into competition and hold his own, and that the possession of health is proven to be so great an asset, we take the opportunity of considering the influence that organized interest in the education of nurses is likely to exert.

When any subject interests, a thirst for knowledge regarding that subject arises, and in the quest for that knowledge the interest is spread and its effect grows.

When Florence Nightingale visited her patients during the Crimean War carrying a lamp, probably her only thought was that she might lighten her path and throw light upon the immediate duties she was performing. Her wildest vision could not have foretold the far-reaching effect it has had. I venture to think that her money and influence in starting systematic training for nurses would have borne fruit much more slowly had the stories of the Lady of the Lamp not been told at all ends of the civilized world by the returned soldiers to whom she had ministered.

In her training school she lit another lamp which shone through the personality of her pupils. Their minds were fired with the desire to spread the knowledge abroad as well as to use it to lighten the distress of the sick and suffering, and the light flourished as it spread throughout the nations.

So long as knowledge had not been recognized as necessary to nursing it had been considered beneath the notice, as a vocation, of any woman who was possessed of any education or refinement, except among those who found expression for the exercise of their religious belief and convictions; and nurses were a much to be avoided evil.

Florence Nightingale's early successors had a very great prejudice to break down and found the most powerful weapon to be "more education." In 1893 Mrs. Rebecca Strong founded the first pre-nurse educational course after having convinced the doctors and directors with whom she was in contact that such an innovation would help to raise the quality of nursing. In writing to the nurses of her old hospital on the occasion of their forming a Nurses' League—the equivalent of an Alumnae here—she reveals her ideal in passing it on thus—"Your personality will tell . . . think upon this and see . . . that it may become 'A beam of perfect white light.'" Elsewhere in the letter she reminds them that conditions of life (environment) are ever changing—human nature is constant. The immediate effect of increased education was the attraction of women with more intelligence to the ranks.

As the standard of education becomes higher the training becomes a greater strain. Not so many years ago even the menial work in many prominent hospitals was largely done by nurses. This has been practically eliminated, but the science of medicine has advanced so tremendously and the nursing requirements are now so much more exacting, that existing conditions continue to be such as entail a severe tax on the physique of the nurse, pupil or graduate—and the sacrifice of a great deal of personal liberty.

Great achievements have been realized in raising nursing to an honourable place in the social world mainly through the influence of outstanding personalities within our own ranks. Have we not now reached an age where co-operative effort will be more fruitful, where the embracing of outside ideas will enhance and broaden our education?

The general public, nowadays much more understanding to the needs of the various units that make it up, are active in responding with the help indicated. The large cities have been enabled to organize real schools for the training of nurses, with a teaching personnel, while the smaller centres are still carrying on with part time, and for the most part untrained, teachers. These latter schools fill as important a role as any and open the way for many to satisfy the longing to become nurses, but so far as the school is concerned it is a hard one, and leaves the graduate in a less enviable position than does the larger and more centralized school.

We cannot centralize the people who require hospital treatment. It is inadvisable to discontinue smaller training schools when they provide the necessary material for practical training, but it is also unfair to the students to continue as at present. Our hospitals and their conduct are community responsibilities, and those whose interest proves most conducive to real improvement are they who have the most complete inside information. Could we not by explaining our position in the training schools awake an active interest? I am sure we could, provided we can agree among ourselves what our plan of campaign should be.

In a review of the comparative earnings of women workers in a city in the United States a few years ago, it was found that the average earnings of 401 graduate nurses during one year was $760.00 while the average earnings of 1,200 women engaged in the making of domestic clothing was $398.00 for the same time—a difference of $362.00. For the woman engaged in sewing to increase her income to that of the graduate nurse an annuity of $362.00 per annum might be purchased at a cost of approximately $7,000.00 cash; therefore we conclude that the extra education and years of training are worth $7,000.00 to the nurse.

A recent survey of nursing in the United States finds that the supply of graduates is more than the demand, or likely soon to become so. Possibly to nurses in any large city this may seem obvious, but that such was the case would almost appear absurd in less populated districts. Why this inequality of distribution? The nurses' duties are better understood in the cities, the number of people among whom to divide the various duties created by illness is greater, and the call for nurses is more stabilized.

During her time in training a nurse usually accommodates herself to the ways of the community and feels herself of more service among people she understands. She may just follow the line of least resistance, or she may have acquired a thirst for knowledge and only cease in her quest in order to gather the wherewithal to acquire still more knowledge. The transference from one type of hospital to another calls for tolerance on every side; and criticism may detract from harmony. A levelling up is needed,

and the accomplishment of that is only to be met by a raising of the whole status of the entrant and of the graduate. A step towards that end has been made in Saskatchewan where a travelling dietitian has served to interest several communities in that department of a nurse's training and to raise the respect felt for the training given.

Could we but demonstrate that money expended on organized schools of nursing is justified; that the mental capacity of the nurse student requires food for development and time to digest it; that it is more profitable in every way to pay for education in money than by the mental and physical drain so generally existent, more especially in smaller hospitals, we would have better regulated conditions for all. Less irregularity in the matter of duty hours, a more professional attitude, and the nursing profession would have a greater attraction for those of better and higher educational standards who now avoid what appears to entail so much personal restriction.

I have purposely confined my remarks to apply to communities outside of large centres. There the interest would centralize on the further education of nurses: the extension courses leading to administrative positions or the provision of training in special branches. One can hardly overestimate the power of the nurse in any department of public health work in impressing the value of nurse education to the community.

The Saskatchewan by-laws relating to training schools include a recommendation that there be a committee formed including doctors and members of the staff of educational institutions, as well as those nurses responsible for the teaching of pupil nurses, to draw up a time table and syllabus for studies; thus recognizing the educational value of the training.

Nursing offers an equal if not a higher remuneration than does teaching. Those entering the teaching world take it for granted that a monetary outlay is unavoidable; also that refresher courses are necessary to enable them to earn this.

We as nurses have been reaping as great a monetary harvest, yet we take it as a matter of course that our outlay is time plus pocket money. Could we not put ourselves in a position to command better hours and less personal restriction by convincing the community that an educational course distinct from, though supplemented by, practical instruction and experience is as necessary for nurses as for those who teach on other lines? After all, we are guiding the sick back to health and showing the highway of health in the journey through life in a way similar to that by which those we think of as teachers are preparing the travellers to take their place in the business of living. Let us live up to our teaching of hygiene and demonstrate that conditions that lead to our future health and usefulness are worth while paying for, and in so doing earn the respect and imitation of the members of our community.

## *Reports of Round Tables, Biennial Meeting, 1928*

Space does not permit the publication of all the excellent papers presented at the Round Tables arranged by the Nursing Education Section as part of the Section's programme. These papers have been summarized and are published herewith, with the exception of those presented at the Round Table arranged for instructors in Schools of Nursing. These latter will appear in the October number of this journal.—(Editor'sNote).

### I

**Subject: "How May the Nursing Education Section Best Serve Nursing Education in Canada"** Chairman, Miss Beatrice L. Ellis, superintendent of nurses, Western Hospital, Toronto.

In opening the discussion on this subject it was pointed out that it was important to obtain the interest of every nurse who was eligible for membership, and that one method which would help in this direction would be the appointment of a committee which would be responsible for the preparation of interesting programmes for meetings held. The National Nursing Education Section could enlarge its executive or provide a representative committee the duty of which would be to prepare some constructive suggestions for the provincial sections.

Miss Ethel Fenwick (Alberta) read an interesting paper, suggesting the following points:

1. That some attempt should be made towards the standardization of teaching methods, procedures and text-books.
2. That there should be established inspection of all schools of nursing.
3. That financial assistance should be provided in order that nurses may become qualified as instructors and supervisors.
4. That arrangements should be made for the exchange of instructors, whereby those in the smaller centres should have the opportunity of experience in the larger centres.
5. That instructors and superintendents be encouraged to meet in groups to discuss various questions as to teaching methods, supervision, discipline, etc. Any special benefits derived from such discussions could be placed at the disposal of all groups through the columns of The Canadian Nurse.
6. That the establishment of centralized teaching in localities where there are two or more schools of nursing be considered.
7. That arrangements be made with the principals of high schools for more time in the vocational programme in order that nursing, with its many opportunities and varied types of work available to graduate nurses, may be presented. Desirable candidates should be obtained by this means.

Other suggestions made:

That the National Section should serve as an advisory body to the provincial sections in forming a committee which should pass on text-books, records, etc.

That the National Section should act as a clearing house in an advisory capacity, and that it should give to the provincial sections the benefit of the material discussed at their various sessions.

That a full report of this meeting be sent to the chairman of the Nursing Education Sections of each province.

That questions such as that of reciprocity for registration should be considered through the National Section.

That there should be greater co-operation between the national and provincial sections.

That The Canadian Nurse should be used to a greater extent in publishing outlines of the material given in the various subjects in outstanding training schools for nurses.

It was pointed out that because of the peculiar organization—that is, the organization of the Nursing Education Section in connection with each provincial association—the development of nursing education had been placed upon the individual provinces rather than upon the National Section. The lack of contact between the national and provincial sections is to be regretted. The provincial sections should take more responsibility with regard to reporting their activities to the National Section.

It is important that the names of the representatives of the provincial sections should be kept up-to-date in the official directory of The Canadian Nurse magazine. It might be advisable to have the provincial representative to the National Council of the Section the chairman of the Nursing Education Section in the respective provinces.

It was suggested that reports from meetings of the provincial sections should be sent regularly to the National Section; and also that the National Section should in turn send to all provincial sections a report of their activities.

A committee of three was appointed by the chairman of the Round Table to prepare a resolution covering the points discussed. This resolution was later presented to the general sessions of the C.N.A. and met with the approval of the delegates (see The Canadian Nurse, August, 1928, p. 415).

### II

**Subject: "Methods of Increasing and Improving Ward Teaching."** Chairman, Miss Ethel Fenwick, superintendent of nurses, University of Alberta Hospital, Edmonton.

This subject was discussed in papers by Sister Laverty, superintendent of nurses, General Hospital, Edmonton, and Miss Frances Munro, superintendent of nurses, Royal Alexandra Hospital, Edmonton.

The consensus of opinion was undoubtedly that better co-relation between theoretical and practical teaching was of primary im-

portance. That as a large proportion of the student nurse's time is spent in learning through practical experience, in acquiring skill through actual performance, it is in the hospital wards that the major portion of teaching and supervising should be done. That the only means by which this can be accomplished is by providing sufficient accommodation for an adequate number of nurses for the wards and sufficient funds to provide the requisite number of instructors.

Given an adequate staff, the following were suggested as means by which ward teaching might be increased and improved:

The use of morning and evening reports.
The use of student experience records.
The use of case records.
Ward clinics.
The teaching supervisor.
Limitation of number of patients under one head nurse so that she has time to teach and supervise.
By making the general nursing care of a patient the responsibility of one nurse rather than the division of nursing services in regard to the individual patient.
The co-relation of theoretical instruction with ward experience.
The keeping of a reference book of procedures available on all wards, and also standing orders.
By supervision of all treatments by the teaching supervisor.

The value of ward clinics and case records in making good any deficiencies in co-relation of theoretical and practical work was particularly stressed.

The whole matter was succinctly summed up in the words "if all wards were small and all head nurses teachers, this would be perhaps the simplest way of safeguarding the student's ward-experience."

III

**For Superintendents of Schools of Nursing.** Chairman, Miss Mabel F. Gray, assistant professor of nursing, University of British Columbia.

**Subject: (a) "Educational Standards,"** by Miss K. W. Ellis, superintendent of nurses, Vancouver General Hospital.

In concluding her paper Miss Ellis offered the following suggestions:

1. That representation be made to the proper authorities in the various provinces for the necessity of a more uniform system of education.

2. That as far as possible the same standard of requirement be demanded in training schools throughout the Dominion, making the standard as high as is felt to be compatible with existing conditions.

3. That an attempt be made to further educate the public of the necessity for high preliminary educational qualifications for those desirous of entering the nursing profession.

4. That a definite minimum age limit be adhered to in case of applicants desiring to enter the training schools, students frequently being willing to sacrifice their education, if delayed, provided they can gain entrance to a training school while still of school age.

5. That definite credentials regarding qualifications be required.

6. That a course be arranged in each training school which will justify the demand for the educational pre-requisites suggested and fulfil the legitimate expectations of the student.

7. That every opportunity be utilized to demonstrate to the student during her course of training the advantages of and necessity for, advanced educational standing, for will she not in turn become a missionary for the cause?

**(b) "University Schools of Nursing,"** by Miss Ethel Fenwick, superintendent of nurses, University of Alberta Hospital, Edmonton.

Miss Fenwick stated in part: There are approximately forty-five such schools in the United States and one in Canada. That diversity in organization and management results in various types of these schools, as:

(1) The independently endowed school.
(2) The school of nursing placed in the university under the direction of the medical school.
(3) That placed under the direction of other faculties: such as Faculty of Arts, etc.
(4) The nursing school connected with a university hospital and under hospital direction, yet looked upon as directed in some degree by the university.

That the standard demanded by the school must be on a par with other departments of the university concerning—

(1) Educational entrance requirements.
(2) The status of the members of the teaching staff.
(3) Length and content of courses of instruction, including the field of technical training.
(4) Condition of life and work for students.

That it is essential for schools to be placed on a secure financial basis, the plan for budget depending on the type of organization.

Usually two courses are offered:

(1) First three years at college, last two years in hospital.
(2) Two years college, two years hospital, and the fifth to specialization in both college and practical work in some special branch of nursing.

Advantages to student nurses are: Better teaching facilities available, social and athletic contacts have a broadening influence —where education and student development are of paramount concern to the governing body, the student nurse should have ample opportunity for self-expression and improvement.

Miss Fenwick outlined the development of the nursing school connected with the University of Alberta.

## IV

**For Supervisors and Head Nurses.** Chairman, Miss Jessie E. Grant, superintendent of nurses, Winnipeg General Hospital.

**Subject: (a) "Staff Conferences,"** by Sister Mead, superintendent of nurses, St. Boniface Hospital; Sister Mead said in part:

Staff conferences form the link connecting the care of the patient with the school of nursing. By this link the school has found its function, is bearing interest, is appreciated; harmony reigns and co-operation exists throughout the hospital. Here the supervisors of the wards meet with the superintendent of nurses, her assistant and instructors, forming the golden link in the endless chain which should exist in every hospital. . . . At these meetings questions should be asked. They should be put clearly and frankly, always bearing in mind the welfare of the patient, efficiency of the service and progress of the hospital.

Co-ordination is felt when members come prepared to expose difficulties encountered with the idea of preventing similar annoyances that might arise, in so far as the patient is concerned Everyone should express her mind freely and make suggestions that might tend to improve the service, eradicate difficulties and create a mutual understanding amongst the workers. Each member will, without a doubt, be called upon to sacrifice some cherished idea.

These meetings present a golden opportunity for discussion of the best method to be adopted to facilitate co-relation between theory and practice work. The technique and nursing procedure adopted by staff conferences, together with the theory taught in the class room, are familiar to the nurse, but they do not always recognize the underlying basic principles when with the patient.

In these conferences every worker should be encouraged to make her service as attractive as she can to bring out the point that "beauty exists when good is performed." As clearly expressed by Father Moulinier, it is by possessing the great fundamental virtue of justice that we can place ourselves in a position for hospital betterment.

Let us take as a keynote for our staff conferences his principle: "Justice to patient, justice to the medical profession, justice to the nursing profession, justice to the hospital. It is this virtue which makes men, women, community, nation, strong and ready to meet any emergency."

**(b) "The Educational Value of Institutes and Similar Short Courses,"** by Miss Elizabeth Russell, director of nursing, Department of Health and Public Welfare for Manitoba.

Miss Russell showed that it is recognized that no preparation made available in the education of the nurse is too great as long as it creates the desire to serve humanity, especially today when the public expects so much from the doctor and the nurse as co-workers in the great battle for the health and efficiency of the masses. The short course or institute in not meant to take the place of the comprehensive post graduate course. However, from a well-planned short course the nurses' knowledge is brought up to date. They receive stimulation and fresh impetus to continue their battle against ignorance, poverty, neglect, disability, disease and death. For those unable, for one or more reasons, to take an extended course, the short course can be a very valuable means in stabilizing knowledge already possessed; further, it will make nurses more conversant with the newer teaching in health and disease, in energising them anew with the purpose of their mission and in imparting to them the vision of the future, so that the real reason for the existence of the profession may motivate and dominate their work; the reason that permeated the life and work of the greatest Humanitarian of all the ages—That the masses might have life and have it more abundantly.

**(c) "The Place of the Head Nurse in the Educational Programme of the School of Nursing,"** by Miss Alice Laporte, superintendent of nurses, Misericordia Hospital, Winnipeg.

In presenting this subject Miss Laporte emphasized that the head nurse should be regarded as contributing a very definite part to the education of the students. This requires that the head nurse be awake to her responsibility, possessing a stimulating personality, enthusiasm, adaptability and dignity, coupled with interest in and necessary preparation for teaching.

Directors of nursing will find it advantageous to adopt specific methods for ward teaching, thus helping the head nurse in her efforts to see that the students realize the application of classroom instruction to the practice of nursing in the wards. The head nurse, able to organize and conduct ward clinics, is the logical one for this responsibility; she can encourage the students to bring their problems to her. She should acquire the art of quizzing the students re their patients. This leads to interest in the day's duties and also develops powers of observation. She will appreciate the value of the reading of the night report, which might be followed by a few minutes discussion—discussion relating to an almost unlimited number of subjects.

To have the head nurse an effective, stimulating faculty member she must not be so overburdened as to develop lack of appreciation of her responsibilities to the students, the patients and herself.

Staff conferences and other educational means should be used to have her feel a sharer in a compelling educational enterprise.

## *Reports—Provincial Sections*

ALBERTA: During the last two years the work of the Nursing Education Section of the Alberta Association has apparently moved slowly but surely. Being in our infancy, we must first creep before we can walk—all true progress naturally develops in this manner.

The outstanding work accomplished was a minimum curriculum, the first of its kind in this province, which has been designed not only as a check, but also as a help to the individual school of nursing, by supplying a workable outline upon which the theoretical education of the nurse can be built. This curriculum is now in use throughout the province. The next step will, of necessity, be the instituting of some method for checking the fidelity of the schools in carrying out the requirements laid down, the most desirable check being the expert inspection of these schools. This is a step towards which we are moving.

Refresher Courses were held at the University of Alberta in the spring of 1927 and 1928, both of which were highly appreciated by the graduate nurses of the province, and were well attended, demonstrating the felt need of the worker in the field for the renewing of strength in such periods of refreshment.

BRITISH COLUMBIA: The meetings of the British Columbia Graduate Nurses Association are held three times each year—and these meetings are held in turn in the three larger Coast cities, Victoria, New Westminster and Vancouver. The meetings of the Nursing Education Committee are held at the same time. The attendance is largely from the Nursing Schools in the three centres mentioned, but there has also been a very satisfactory attendance from several of the inland schools.

The Committee has interested itself largely in the subject of educational admission standards and in examinations. Acting upon recommendation of the Committee, examinations for registration by the Graduate Nurses Association are now held three times instead of twice a year, thus enabling the new graduate to write at a convenient time.

Through the efforts of the Committee a satisfactory form has been prepared which indicates—when filled out accurately—in a concise and uniform way the educational standing of the applicants; adopted by the Nurses' Council, this has been very generally accepted by the Schools of Nursing. Another difficulty was the evaluation of "equivalents". The Registered Nurses Act set no educational admission standard, but the Nursing Schools have for some years now very generally accepted the requirement of two years of high school work, as recommended by the Nurses' Council; a difficulty still remained in the case of applicants educated outside of the Province. The Department of Education has now agreed to evaluate the educational credentials of such applicants.

In order to familiarize all schools with the new type examination questions, and to try out their suitability, committees have prepared papers in a number of subjects and they have been multigraphed and sent out to all of the schools.

Efforts have been made to make the meetings of interest by arranging for exhibits of nursing appliances, and for practical demonstrations of nursing procedures. Members of the Committee have also, as in the past, assisted in the preparation of a technical exhibit at the annual meeting of the B.C. Hospitals' Association, and have also taken charge of one session of the programme for this Association.

The Provincial Registrar acts, as in the past, as Inspector of Training Schools, and makes an annual inspection of all schools, or even more frequent visits where such are requested. In this way any members who have been unable to attend meetings, are brought into touch with the work of the Committee.

MANITOBA: The writer was appointed convener of this Section in February, 1928. Since that time two meetings of the Section have been held: one in March and one in June, at the time of the regular meetings of the M.A.G.N.

At the request of the Committee on Legislation a revision of the minimum curriculum was undertaken.

Communications have been sent to the Minister of Health, the Minister of Education, and the President of the University outlining the reasons why the M.A.G.N. is interested in establishing a Department of Nursing in the University of Manitoba.

NEW BRUNSWICK: During the last two years little has been done by this section. The minimum curriculum, which was adopted a short time ago, is being used successfully in all schools, and seems to have filled a long-felt want.

Examinations for Registration of Nurses are held in May and November of each year. More candidates are coming up each year for examination and the number of failures is gradually diminishing.

Of the eleven training schools in the province, five have affiliation with Montreal hospitals for obstetrics or general nursing, and six have affiliation with the Saint John County Hospital for tuberculosis.

A committee is working on standard records for the schools and hopes to have these ready in a short time.

ONTARIO: On April 20th, 1928, the Nurse Education Section of the Registered Nurses Association celebrated its third birthday on the occasion of the third annual meeting of the Registered Nurses Association of Ontario. It is with much pleasure that the Nurse Education activities since the last meeting of the Canadian Nurses Association, August, 1926, are presented.

Early in 1927 a committee, with Miss Jean Gunn as convener, was appointed to approach the University of Toronto in an effort to establish a Course for Instructors in the University. The University appointed a committee to meet jointly with the nursing committee and several very interesting conferences were held as a result of which a report and recommendations were prepared and presented to the Senate of the University. A one-year course for Instructors has been established, applications are now being received and considered for the first course, to commence September, 1928. The Nursing Education Section hopes to present a scholarship this year for the course. The Province of Ontario now offers two courses for Nurse Instructors, Western University having established a course several years ago.

In July, 1927, a short course (six days) for Instructors was arranged, under the convenership of Miss E. MacPherson Dickson, at Western University, London, with clinics and demonstrations at the London hospitals and sanatorium. Eleven lectures on Principles of Teaching and five lectures on Public Speaking were included on the programme; other subjects presented and discussed were: Training School Organization, Arrangement of Lecture Course and Class Schedule, Clinical and other Ward Records, Social and Physical Welfare of Staff and Students, Training School Records, Class Room Equipment and other facilities for Teaching, Case Study and Mixed Services, Co-relation of Theory and Practice, History of Nursing, and the Future of Nurse Education. Eighty-two students registered for the course, and there were two guests from foreign countries. The resolution of thanks and appreciation to the Section of those attending bespoke of the success of the week's study. At the request of the Training Schools the course will be repeated this year. At the date of the preparation of this report the enrollment or other details are not available, but will no doubt be sent forward to supplement this report.

A course in Public Health Nursing has been established in the School for Nurses, Toronto General Hospital, covering a period of four years. The first year the student attends the University of Toronto for eight months and is then enrolled as a student in the preliminary course of four months in the hospital school. The second and third years are spent in the hospital and in the fourth year the student returns to the University of Toronto for special work in Public Health Nursing. The educational requirement for admission is complete junior matriculation with senior matriculation in three subjects, English, Physics or Chemistry and a third subject, preferably a second science. The combined course as outlined will qualify the student for the Diploma of the School for Nurses of the Toronto General Hospital and the Diploma of Public Health Nursing from the University of Toronto.

In the year 1926-27 the Board of Directors of the Registered Nurses Association of Ontario presented the following resolution to the Nursing Education Section:

> "Whereas the Departments of Nursing in the various provinces and states demand an official statement of the primary education of student nurses in registered schools of nursing, and whereas a great many of the smaller high schools and continuation schools are unable to produce authentic records, be it resolved that this Association approach the Department of Education of Ontario asking that some simple form of records be prepared for the use of the principals of these schools, because frequent change in personnel may make it difficult to procure satisfactory records. It is further recommended that this resolution be forwarded to the Nursing Education Section and also to the Canadian Nurses Association for action in other provinces, since it is shown that so many students in the Dominion commence education in one province and, owing to various family and social conditions, are transferred to other provinces."

Letters were sent to the Departments of Education throughout the provinces of Canada asking for information regarding forms used for permanent records of high school students' standing. The result of this study presented at the annual meeting of the Nursing Education Section, 1927, gave rise to a decision to continue the study. A conference was arranged with Dr. Merchant, Director of Education for Ontario. Extracts from the report of the conference may be of general interest: Dr. Merchant, in reviewing the educational record forms which the Training Schools in Ontario require to be submitted by each applicant, stated that he considered the kind of information required by the form of little value to anyone, because, excepting the Departmental examination for Entrance and Junior and Senior Matriculation, there is no uniformity of examination within the schools of the province. He suggested that if some standard is required as a guide to the qualifications of prospective students, it would be necessary and desirable that instead of requiring "2 years of high school or a satisfactory substitute therefor," we should ask for standing in one of the Departmental examinations or a satisfactory substitute therefor.

Dr. Merchant also reminded the Committee that while the curriculum is prescribed by the Department for high schools of the Province, the schools are operated and directed by local boards of education; these boards, beyond a simple record (of name, age, nationality, school previously attended, daily attendance, etc.) decide what records will be required, or leave it to the discretion of the principal. For the Department to require any more detailed record it would be necessary to seek legislation. In view of this fact, Dr. Merchant stated that he could not

recommend such action for the following reasons:

(a) Since there are enrolled in the Province 63,117 students for whom records are kept, the number required for the Nursing Profession represent comparatively too small a percentage to warrant further legislation to provide for more detailed records.

(b) Even if legislation were secured to provide more detailed records to enforce a regulation for detailed records, it would involve additional inspection of records by the Department and additional secretarial staff for the high school, the cost of which would be prohibitive.

(c) Since the standards of teaching, examination and marking vary so largely in various localities, there cannot be considered to be any reliable uniformity in the records of attainment.

In this connection it is of interest to note that in the preparation of the programme of the Ontario Educational Association the subject of "The Technical Schools as a Preliminary to Hospital Training Schools" was included, and a member of the Registered Nurses Association of Ontario was invited to attend the meeting and participate in the discussion. At this meeting a committee of the Ontario Educational Association was formed to study the relation of Secondary Schools to Schools of Nursing. This committee was formed with the hope that at the annual meeting of the Registered Nurses Association of Ontario, a committee would also be formed and that the two committees would work and study together. This has all been accomplished. Three representatives of the Ontario Educational Association attended the annual meeting of the Registered Nurses Association of Ontario and addressed the general meeting. An interesting article by Miss O'Donoghue, Vocational Director, Walkerville Technical School, will appear in The Canadian Nurse in the near future. (See July 1928, Ed.)

The Council of Nursing Education reports that registration examinations have been held twice yearly since 1926. In 1927, 1,074 nurses wrote on the provincial examinations, of whom 958 successfully passed and received certificates of registration. At the close of 1927 there were 10,146 registered nurses in Ontario.

The Nursing Education Section is appreciative of the co-operation and support of the Canadian Nurses Association and stands ready to assist by every possible means the splendid work of the Association in furthering Nurse Education in Canada.

SUPPLEMENTARY REPORT: Following the annual meeting of the Association and at the request of the Nursing Education Section, Miss E. MacP. Dickson was asked to convene a committee to make arrangements for a Refresher Course for Nurse Instructors. The duration of the course was one week and it was organized with the co-operation of the Extension Department of the University of Western Ontario and held at Victoria Hospital, London, from June 25th to June 30th. Thirty-three members registered, twenty-seven were institutional nurses, five private duty and one, a public health nurse.

Two hours daily were given to Principles of Teaching, and demonstration classes were given for criticism in Anatomy, Practical Nursing, Psychology and Professional Problems. Lectures were also given in How to speak in Public, Training School Problems and Nursing Demonstrations. As a refresher course for experienced teachers or as a guide to inexperienced teachers it was felt by those present that it was most successful and admirably convened.

QUEBEC, ENGLISH-SPEAKING SECTION: The executive committee met once a month and three general meetings were held during the year.

The committee took as subjects for study: The advisability of recommending the use of Uniform Text Books in English Schools throughout the Province and The Minimum Curriculum for Schools of Nursing in Quebec.

The result of the work on text books is that it has been ascertained that all superintendents of schools of nursing in Quebec are in favour of the use of uniform text books and that a committee has been appointed to decide what books shall be used. It was decided that the recommendation of books shall not be made to the provincial executive committee until after the biennial meeting of the C.N.A. in case that Association shall decide to act in the matter, and to study the merits of text books suggested by the provincial committees.

During the study of the curriculum a questionnaire was prepared and sent to the superintendents of Schools of Nursing in Quebec. A summary of the replies received with criticisms of the present minimum curriculum and suggestions in case a revision be undertaken was sent to the provincial executive committee. A comparative study of the Minimum Curricula of all the provinces was undertaken and a report prepared showing the requirements of each province. As a result of the study it was found that in some subjects the curriculum does not meet the requirements of the schools. The committee will recommend a revision, but has postponed taking any action in the matter until the first meeting following the biennial meeting, C.N.A.

During the summer of 1927, an Institute in Practical Nursing arranged by this committee was very well attended.

The programme for the General Meetings included the report of the executive committee, a paper on Current Events in Nursing, and either a speaker on some subject of interest or discussion by members of the Section on subjects relating to Nursing Education.

QUEBEC, FRENCH-SPEAKING SECTION: The Section held two meetings, in January and May. The first, at which a large number of

sisters and superintendents were present was very interesting. Nursing conditions in the French Schools were discussed from the educational viewpoint, rather than the special surroundings of the nurses. It was recognized that a large amount of emulation existed everywhere. The superintendents of nurses manifest a great willingness and desire to improve conditions, where they require it. The Minimum Curriculum of the province is closely followed, with an endeavour to fulfil all the provisions.

In the vicinity of Montreal, the schools under the control of the sisters of the province, have made much progress. The superintendents of these schools meet from time to time to discuss their problems, and profit from the experience of the seniors.

The regular meetings announced in advance are well attended and enjoyed. All superintendents of the district attend and show an earnest desire to co-operate in the development of the theory and practice of nursing.

At the May Conference it was brought to the attention of those present that there was a regrettable lack of esprit de corps among the graduates in general. They did not seem to have the larger interests of the profession at heart. It was resolved that in the schools the superintendents and instructors should aim by every means in their power to create a new mentality among the students, so that a sense of their responsibility and solidarity should be developed. Dr. Benoit, president of the Nurses Committee, University of Montreal, presided at this meeting, and addressed the nurses.

The French Educational Section takes the occasion to thank the committee of management of the Provincial Association for the opposition led against the Bill of the College of Physicians of the Province of Quebec which attempted to interfere with the registration and control of Schools of Nursing, and to congratulate them on the success obtained by their activity and vigilance.

SASKATCHEWAN: The number of Schools of Nursing remains the same, namely 14. It is understood that a small hospital is arranging to open a school this year. No schools have been discontinued. The number of nurses graduated from the provincial schools of nursing in 1926 was 115, and in 1927, 115; 230 in all. Two hundred and forty-eight nurses passed the provincial examinations for registration. Two hundred and forty-two nurses have been admitted to the Register, either by examination or through reciprocity: about 19% were registered in 1927 by this latter procedure. Seven schools had affiliated with other schools in 1926 and five in 1927. Last year 326 graduate nurses were employed in the hospitals and 555 nurses were in training. All the larger hospitals have increased their nursing personnel, both graduate and student staffs, to provide nursing care for an increased number of patients, also to provide for better teaching facilities in the schools of nursing, especially in laboratory and demonstration equipment. One school reports that Bell Records are being used, and a compact record card has been compiled by the superintendent of one of the smaller schools. This is already being used in two other schools and it is likely that it will be adopted in others.

A dietitian has been employed by five hospitals for a short term varying in length according to the number of students in the schools. It is understood that this plan is to be continued and possibly more than one dietitian engaged.

The Sanatorium at Fort San, Fort Qu' Appelle, has organized a post graduate course in the Care and Prevention of Tuberculosis. This has already been attended by 26 graduate nurses and 12 affiliate students. A well-equipped laboratory, good class rooms and a delightfully located hospital add to the attractiveness of this course. Post graduate training in laboratory work, physiotherapy and X-ray, is available at the Regina General Hospital. Several nurses have attended the laboratory course at the University of Saskatchewan where a course leading to the degree, B.A.H.Sc. has been established. Graduates from the University, having gained experience in larger centres now hold positions as hospital dietitians in the Province.

A yearly Institute or Refresher Course, held at the same time as the annual meeting of the Saskatchewan Registered Nurses Association, affords an excellent opportunity for provincial nurses to brush up. These courses are comprised of a series of lectures on subjects chosen because of their special interest to the nursing world and usually bear on new developments such as have been made in the treatment of diabetes, etc. The nurses of the province are indebted to those nurses and doctors who have collected and passed on information at these courses for the benefit of the nurses.

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## FELLOWSHIP AWARD

Through the courtesy of the Rockefeller Foundation in its provision for Travelling Fellowships for Nurses, Miss Ruby M. Simpson, Department of Public Health, Saskatchewan, recently spent several weeks in the Southern States visiting State and County Health Departments as well as various organizations and institutions concerned with health work in Virginia, Alabama, Tennessee and Ohio. Each of these States, while they have problems peculiarly their own, also present rural conditions fairly similar to Saskatchewan, and the work in public health nursing organizations was therefore of great interest.

# Department of Public Health Nursing

## *The Nurse as a Teacher of Public Care*

I

### THE MOTHER ON THE MATERNITY WARD

By C. V. BARRETT, Superintendent, Royal Victoria Maternity Hospital, Montreal

In our nursing schools today there is a marked tendency to stress the preventive side of medicine; therefore, from the beginning of a student nurse's training she should realize that her duty of teaching health is as important as her task of caring for the patient's physical ills.

When the time comes for her obstetrical training, she is made aware of the opportunities this service offers, by the instructress and the head nurse of this department, who should be excellent teachers themselves, as it is useless for us to expect juniors to do better work than their seniors.

There are great possibilities of service in a maternity ward as well as g r e a t responsibilities and the greatest of these is the instructing of the young mother in the care of her new born.

We, perhaps, have not g i v e n enough thought to the trying time the young mother has to face when she reaches home, or, perhaps we have been unable to formulate a definite plan of action, not because we did not realize the importance, but like Martha "we were c a r e f u l and troubled with many things." (Luke Ch. x, verse 42.)

But does this responsibility rest entirely with the nursing staff? Decidedly not—it should be shared alike by the personnel of the pre-natal clinic, the nursing staff and the child welfare association or any other welfare association, to whom the baby is referred as it leaves the hospital.

Let us endeavour to correlate this work so that there will be good co-operation and no overlapping.

A. (1) First in the *Pre-Natal Clinic*, besides advice regarding personal hygiene, diet and the care of excretory organs, the young mother should be taught what clothes to get ready for her baby.

In the pre-natal clinic of the Royal Victoria Montreal Maternity, the Auxiliary Board, composed of young married women, have a committee responsible for this work. They exhibit a layette which they also sell at a nominal price ($6.96). These garments are cut out and ready for sewing, and some one is at hand to instruct the mothers how to make them. During the last year a great number of young mothers have been helped in this way.

(2) Here also there should be a table set up with all the articles needed for the daily toilet of the infant. These articles should be cheap and very simple so that they can be cleaned easily and purchased at a very little cost.

(3) Attractive posters, regarding important points in the care of young children, should be exhibited.

(4) Each mother should be provided with some literature dealing with the care of the new baby.

(Read before the Public Health Section, Canadian Nurses Association, July 6th, 1928.)

In our clinic we try to provide each mother with the Canadian Mother's Book, by Dr. Helen MacMurchy, Chief of the Division of Child Welfare, Department of Health, Ottawa.

B. (1) Let us now consider the patient's education in the ward. After the trying ordeal of the delivery is past the patient should be kept quiet and free from worry until the hour of the first nursing.

Before the student nurse begins her nursery training, the advantages of breast feeding—both to mother and child—should be explained; she should learn how to handle the difficult period of the first nursing under the closest supervision, as a great deal depends upon this first effort, and patience and perseverance are needed from the beginning.

(2) Each step in the care and handling of the breasts should be a means of helpful advice and instruction.

(3) If the hospital has a circulating library, several copies of books on the care and handling of children should be kept, and the patients urged and encouraged to read them.

(4) When should the patient be taught how to bathe and handle her infant? Without a doubt while she is in hospital, and again without a doubt this is a most difficult thing to manage.

Speaking from experience it is an easy matter to plan in a small unit, but in a large department of over 100 beds the effort seems greater, and the obstacles more numerous. But in spite of the difficulties, the problem must be solved and the mother taught at least how to bathe her infant.

You might be interested to know how we managed at the Royal Victoria Montreal Maternity. First a staff conference was held at which both obstacles and facilities were freely discussed.

It was discovered that, although private patients remained longer in hospital than previously, public patients, owing to economic reasons, seemed to insist on leaving sooner, usually the second day out of bed, and before they could remain up for a long period of time. This meant that the private patients could go to the nursery for the demonstration but that public patients could not, so we decided to have a student nurse bathe a baby in our public ward, once a week, under supervision of a staff nurse, using utensils easily procured in any modest home. This has been very helpful to the patients and we believe is a great value to the student nurse.

Now the drawback to this arrangement is that the patient does not handle the baby under supervision. This is overcome by referring each infant as it is discharged from hospital to the Child Welfare Association, who send a nurse within twenty-four hours to visit the mother and infant. This public health nurse gives advice, and if necessary supervises the first bathing, and refers the child to the nearest Child Welfare Station, where it is kept under observation for a period of one year. These clinics are staffed by the best pediatricians in the city. During 1927, 1,188 babies were referred by the Royal Victoria Montreal Maternity to the Child Welfare Association, Montreal.

It is while the nurse is taking her obstetrical training that her sense of duty and her responsibility to the future generation must be awakened. There never was a time when the importance of pre-natal and infant care was so emphasized as it is today, and it rests with us to see that the experience and training received in this branch of nursing is such that it will enable her to understand and appreciate the "never ending wonder and beauty of the miracle of life" as well as realize that a nation's greatest asset is the health of its children.

II

## THE YOUNG MOTHER AT HOME

By C. deN. FRASER, Winnipeg, Man.

Two important factors which help to shape the lives of us all are those of heredity and environment.

A nurse should exercise a beneficial influence on the surroundings or environment of her patients, both mother and infant, and endeavour to maintain a cheerful, restful atmosphere, as free of worry as possible. Now before discussing a few details on which a nurse can give the young mother some advice in the care of herself and infant, we might distinguish between the public health and private duty nurse by saying that the objective of the former is primarily educational, the nursing being secondary, whereas the latter is primarily out to nurse and her teaching is secondary.

This paper is discussing the subject from a private nurse's viewpoint.

Unlike the district nurse or Victorian Order, we do not have a worked-out system which we all adhere to, but use our own initiative a good deal and work out our own system in caring for our obstetrical cases, following, of course, the methods the physician in charge of the case is in favour of, and for the remainder what experience and study has taught us.

For instance, it was suggested to me by another nurse of experience, the great advantage in taking one's own set of dressing basins on a confinement case. These being secured so as to fit neatly into each other are not a very cumbersome parcel and are well worth the outlay if one is doing much of that work.

In directing the mother what to provide for herself and infant, we have to be guided somewhat by her means, and endeavour to keep down expenses as much as possible, at the same time seeking to secure for her the most up-to-date and approved nursing care. The sterilizing of supplies has also to be regulated somewhat according to the means at hand in the individual home. Steaming in some form and drying out in the oven is the method we mostly employ. Where money is of no object, in large centres sterilized accouchement outfits may be obtained containing everything necessary. The arrangement of the room, position of the bed so as to obtain the best light, and the location for the infant's cot have all to be thought out in good time by the nurse.

Now we shall consider the points on which we may give advice to young mothers, and to do this we shall divide these mothers into three groups and name them for purpose of distinction:

The happy, easy-going mother;
The anxious, careful mother;
The strict, scientific mother.

Now the first of these, the happy, easy-going mother, enjoys her baby to the full and is quite willing to leave all responsibility to the nurse. The baby is the pretty plaything to amuse the family and friends whenever they may want to be amused. The danger is that the infant may suffer from over-attention and its sleep be interfered with too often. The children, also, may be allowed to run upstairs laughing and shouting, and baby is startled by their noise. If you remonstrate with them, the mother thinks you are fussy. She says baby will have to get used to their noisy house, as she would be sorry to stop the children having a good time and enjoying themselves.

Here the nurse may point out that it is beneficial for children to be taught while young to have consideration for others; also she may impress on the mother the importance of quiet at this early stage of the infant's existence as often preventing the development of troubles later on.

Here I will quote from a medical journal on "Babies and Noise":

> "So much is spoken and written at the present time concerning the diet best adapted for the proper develop-

ment of young children that there is a certain danger of considering correct feeding to be the only proceeding necessary to ensuring the baby's health and growth. From certain facts, however, that have emerged from a series of records of normal infants from birth onwards, published in the annual report of the St. Andrew's Institute for Clinical Research, it would appear that quiet and restful surroundings are almost, if not quite, as important to the baby's well-being as right feeding. It has been proved that certain infants, although correctly dieted, failed to thrive in noisy and unrestful homes, and at once improved when transferred to quieter and more peaceful surroundings. In so clamorous and blatant an age as this, it is indeed difficult to ensure that young children shall always escape the irritation of the baby's delicate brain caused by the sudden whirr of an insistent telephone, the startling hoot of motor cars and other raucous sounds of modern civilization; but at least care should be taken that reasonable quiet should exist in the immediate surroundings of young children, and that their daily airings should not be taken in noisy streets and shopping centres of our great towns."

Now we will turn from what we may call the Happy Home to the Restful Home. Here we have the anxious, careful mother; indeed, what we may call the essentially motherly mother, whose one thought is the baby's welfare. Her infant is not so much the "pretty plaything" to her as the "precious problem." No one may disturb him or pick him up unless nurse allows them to do so. The children are not of the tomboy type, and will tip-toe upstairs if baby is sleeping, and lower their voices when they enter the nursery. The nurse has little to make her uneasy about the baby, but the mother in her devotion may become overanxious. She begins to be afraid she is starving the infant, and it is no good trying to laugh her out of the idea. The nurse can only, after weighing baby carefully, try to prove to her that it is gaining and that its sleeping well shows it is contented. If there is any doubt that it is not getting sufficient, she must ask the doctor's advice about putting it on some supplementary food, trying first, however, to build up the mother's strength and increase the breast supply by giving her extra diets of ovaltine, lactagol, etc., and, above all, seeing that she drinks plenty of water. As a rule it is after the mother begins to go about and may let herself get over-worried or over-tired that the breast supply becomes temporarily diminished, but often a good rest and a little encouragement will put things all right again.

The last type of mother I have called the strict, scientific mother. Her baby is not regarded so much by her as a "pretty plaything" nor as a "precious problem," but she aspires to have it the "perfect pattern" of what a baby should be.

A set of rules and regulations are set down after consulting the doctor and some of her young married friends, and the nurse is expected by her to carry out her wishes and not to have any voice in the matter herself. The last type of mother we spoke of would want to be sure the nurse was fond of babies and would be kind to hers; this mother is more afraid the nurse may spoil hers or that her technique is not quite up to date enough. We called the other two homes the "Happy" and "Restful" Homes, and we may call this one the "Well-Regulated" Home.

Now, we all agree that regularity in the matter of their food, sleep and general management is one of the most important items in connection with the well-being of infants, and that we should be guided by the clock in our care of them. Still, I maintain that half the pleasure in caring for babies is in studying their little individualities and finding out their little troubles. The cleanest, daintiest, brightest and happiest ones are those who are attended to by mother or nurse whenever they require it, and who know that a little "S.O.S." call will always bring help.

A baby who is never picked up except at stated intervals, who is left to cry itself to sleep, may in time become placid and docile, but it develops something of the institutional type of child about it; it shows a lack of being mothered, which is something nature means a baby to be. The motherly quality is difficult to define, and if lacking cannot be taught. It does not make for over-indulgence on the part of the mother, but rather is an instinct that knows how to comfort, and is quick at finding the cause of any discomfort.

It is surprising how many trifles that could be put right in half a minute will cause a baby to be fretful and wakeful. While the baby is simply said to be cross, it is often suffering from a little lack of intelligence on the part of those in charge of it. Sometimes it is wrapped up too warmly, or it may want to be turned on its other side, while a newborn baby will often cry with thirst and a little sterile water will be all that it requires to put it to sleep again.

A thorough knowledge of the theory of infant care, practical experience, and the motherly instinct are the three essentials which combined make the best nurse and likewise mother.

III

## THE MOTHER AND BIG SISTER IN THE HOME

By MARJORIE BAIRD, V.O.N.
Edmonton, Alta.

In approaching this subject from the point of view of a visiting nurse, two aspects of it suggest themselves. First, the size of our opportunity, second, its unusual possibilities as contrasted with other public health work. In 1927 nearly 300,000 nursing visits were made to maternity patients and 50,000 more teaching visits to follow them up, by the Victorian Order of Nurses alone, not to speak of other visiting nurse services in Toronto, Saskatoon, Winnipeg and elsewhere in Canada. The second is the fact that the visiting nurse has a closer contact with her patients and should make a deeper impression. It is being recognized in all health teaching that the study of people must run parallel to the study of technique, and as Dr. Mathers said last night: "It is the word that follows work that sticks." Miss Goodrich says: "The health of the child in no small measure depends upon an intelligent understanding on the part of the mother of the laws of health and hygiene. There is no person who has such an opportunity, as I see it, of helping the mother to this end, as the nurse who is charged with her care during pregnancy; every visit before, during, and after, the birth of the child, carries an educational opportunity."

From the first pre-natal visit, so often much later than it should be, the nurse may point out some of the whys and wherefores of the hygiene of pregnancy, may begin to pave the way for successful breast feeding, and emphasize the importance of medical supervision. The doctors have not yet made as much use of this service as we feel it justifies or they would report cases earlier. Another answer to the problem of reaching people in time, seems to be home nursing classes. Through instruction given in them, women may be taught the reasons for early visits to their physician, and for skilled nursing supervision and care. The visiting nurse, with her experience of all sorts of people and homes, and making the best meagre equipment, seems to be the obvious person to teach those classes, and the mothers are usually keen on the lessons about maternity and infant care.

In more than one of our classes last winter the questions and discussion got so deep into anatomy and embryology that the nurse came running home to look up her text books to make sure she was right. As some of us know after sad experience, classes should never be started without adequate equipment,

without provision for plenty of practise or without preparation on the part of the teacher; but well managed, they are a real contribution to the education of the community.

The nurse needs a thorough understanding of the normal physiological process, as well as the dangers that attend the business of having babies, and should have a scientific basis for the advice which she sometimes offers almost thoughtlessly, so that she is able to adapt her words intelligently to the person she is talking to, whether a well-to-do woman with a car and a pocket book which can afford spinach and all the up to date diets, or the poor soul who has seven hungry mouths to feed and thinks she gets plenty of exercise over the washtub.

In visiting nursing, delivery service is the most difficult service to organize and carry out, but the nurse who can be with the mother at that time, is often found to be a real friend, and trusted as such. Later, as she is in the home only about one hour out of twenty-four, every visit should be a demonstration. If the bedroom is warm enough, the nurse may bathe the baby beside the mother's bed, and as she works there should be a clear understanding of each part of the technique; how to have everything ready at hand, why we do not wash the baby's mouth but how it should be done if necessary and when; why the binder is not needed after a week or two, and so on. While the baby is nursing, some of the principles of breast feeding should be explained, and how the mother may do her part in giving her child his best foundation for future health. Then a few minutes work in finding and arranging a bed for the baby, and ventilating the room may be worth more than much conversation.

A good routine for mother and baby should be established from the beginning, if possible, followed up by two or three visits before the fifth week. This is splendid for those who seek advice, and sometimes even has a slight effect on those who do not.

The first title given for this paper, The Mother and the Big Sister, brought to mind a whole procession of big sisters. M'ria S——, aged 12, might be seen getting a series of small brothers "cleaned up," into their coats and out to play, all done with efficiency and dispatch. Then the young lady would turn to keeping in the fires, getting the dinner, and after the nurse went, there was the baby's washing to do and the floor to scrub. An offer to send a woman for a day or two to wash, clean and bake met with indignant refusal. "Oh, M'ria's alright, I had more to do when I was her age." This busy big sister took time to watch the baby's bath, always scalded cup and spoon before giving him a drink and stood guard to protect him from the other children who had colds.

Annie S——, sullen Canadian child of an old fashioned Ukrainian peasant mother, 15 years in the country without learning the language, seemed to resent the seventh addition to the brood which already filled the three-room shack, but responded eagerly to the lessons in home nursing, given by the young nurse. She could take temperature and pulse accurately the first day, and was soon able to sew the binder and put the diaper on square, as expertly as the best. She even was fairly successful in keeping her mother to regular hours for feeding the baby, and later, when there was a dressing to be done, it was Annie who took the instructions, to try to interpret both the language and the idea of cleanliness to her mother. Mollie M——, on the other hand, an older girl, announces that she cannot bear babies. "Mother, for goodness sake pick that thing up, I can't stand its yelling." These are just

examples of contacts made with growing girls.

Often there are questions in the air at about the time the nurse's services are required. On the children's side: Why is mother getting so sloppy looking? Or where does the baby come from? On the mother's side: How much does she know? Where did she learn it? How, and what could I possibly tell her? Should not the nurse, if she is wise and understanding, sometimes be able to help the mother in finding what to say when the need arises? As has been so often said, it seems strange to try to train girls for almost anything, but their natural task of home making and bringing up families. In some places where this is not touched in the schools, Little Mothers' Leagues and Mothercraft Classes have made a valiant start and been quite successful. The requirements of the home nursing classes as to room for practise and preparation of teacher apply even more strongly to the junior classes. They often include some home nursing, and of course work on the principle of learning by doing.

Whether trying to teach in home or class, almost any nurse in undertaking the work feels the great need for careful preparation, both by study and experience, to meet opportunities which crop up on every side, as varied as they are numerous. She needs some knowledge of people, and of teaching, and she needs to have a pretty clear idea of why obstetricians, psychiatrists, dentists, dietitians, are recognizing the importance of preventive care for mother and baby before birth and after, so that as she enters the homes, she may interpret to the people, her neighbours, some of the scientific knowledge now available in the hope that it may somehow, sometime, bear fruit in health and happiness.

IV

## THE BIG SISTER AT SCHOOL

By J. G. STOTHART, Winnipeg, Man.

In presenting "The Big Sister in School," and I might add "The Big Brother" also, I wish to outline very briefly the work taught to both boys and girls and the results obtained.

In New York in 1909 a movement known as The Little Mothers' League was organized. Its aim was the teaching of proper methods of caring for the baby in the home and the group chosen as most suitable for this instruction were the girls of grade eight of the public schools. Many of these girls, usually from twelve to fifteen years of age, were from the under-privileged classes, and some from foreign homes, where old-time and old-country methods prevailed.

The idea "took" wonderfully, and soon spread all over the United States, and in the larger cities and towns of Canada.

As time went on, changes, enlargement and expansion have taken place. In Manitoba we are changing the name so as to include the boys of the community as well as the girls. The new name is to be "Home Nursing and First Aid," and a new manual for instructors and also a handbook for children are in process of preparation. These will contain instruction in personal and community hygiene, sanitation in home, school and community, care of infants and preschool children, simple home nursing and first aid.

In all these measures the department of health and public welfare is co-operating with the department of education; and now any grade eight group who take up home nursing and first aid, may substitute it for agriculture, and receive credit for the same on their entrance examinations.

Boys' and girls' clubs are also taking up these courses, and a group from Gladstone have been successful in winning the free trip to Brandon Exhibition, and have been demonstrating to the public all this week in the Provincial Health Building.

We are already seeing the practical results of these classes.

A group of young Russian mothers at a health conference at The Pas a year ago handled their babies — dressed and undressed them — with much more deftness than did their English-speaking sisters, and discussed their problems with the doctor in such a way as to make their previous teachers proud of them.

A great many pupils in our training schools for nurses date their interest in and their choice of nursing as a profession to the instruction received in their grade eight class at school.

Mothers frankly admit that they have learned many new things both in theory and practise from their own daughters. As an instance, many foreign mothers are now applying heat in the form of fomentations or poultices to infected fingers, instead of wrapping them up in a dirty beet leaf plucked from the garden, which was at one time the recognized procedure.

The girls and young women are more interested in their own homes and in the health problems and social service work of the community. One first aid group put on a concert and raised funds to supply their own school district with a first aid kit and a stretcher. In another town a group of Canadian girls in training makes a layette every year for the use of the public health nurse in her social service work.

I have merely touched on the main points of the work, leaving the details to be filled in by means of a little sketch which will be enacted on the stage here by five girls from a grade eight class. This was prepared under the direction of a public health nurse as part of a programme given for their parents and friends on the occasion of the presentation of the Little Mothers' League Diplomas.

## *Chairman's Report—Public Health Section*

By Elizabeth L. Smellie

In 1926 Miss Emory gave a very comprehensive and informative report at the section meeting, on "Tendencies in Public Health Nursing, Present and Future". This was considered under five headings and it seemed to me it might be well, in view of increasing developments and more general appreciation of the value of the public health nurse to the community she serves, to enlarge on some of these from the angle of the field worker in public health work throughout Canada. The five tendencies referred to are:

(1) The emphasis placed on refinement of method: the weighing of values.

(2) The attention given to the health of the normal of all age groups.

(3) The effort made to obtain further co-operation of individuals and groups in the community.

(4) The increased recognition of the need for special training.

(5) The broadening of professional relationships.

First, as regards the weighing of values and the more careful analysis of a day's work: the work itself having increased, the demand for nurses naturally follows suit. In every part of Canada the demand for well-qualified public health nurses far exceeds the supply. What then is to be done as regards placement? Where are nurses most needed? Where do they want to go? How can they be most evenly distributed under existing circumstances? How can the supply available be increased?

Again supervision is admittedly necessary. Nurses themselves are asking for it more frequently. Just how frequent need it be? There is marked change in the character of it. On the part of supervisors themselves there is realization of the necessity of maintaining proper balance, of noting the general content of a visit and its teaching value rather than the rigid observance alone of minute detail of technique. In a conference on supervision last year in Geneva, Miss Pierce of England said "Standardization is to our work what the backbone is to the individual. It provides a support on which may rest all other parts of the whole. There should be standards. Their adaptation depends upon the intelligence and the spiritual development of the individual exponent. That is why supervision continues to be a vital need."

Later Miss Hodgman told us that the best type of supervision results in improved quality of work, improved morale of workers, developing standards and ideals in the work, and close co-operation between administration and those most closely connected with the work for the development of best policies. She added this word of caution: It must not be forgotten, however, that there is necessity for provision for continued educational growth of the supervisor herself.

The more general awakening as to the importance of outside contact and of the need of stimulus both to brush up and to spur to renewed effort on the part of the nurse herself.

Closer relationship between administration and field worker as both come to realize it is a partnership. Nursing is becoming more recognized as a community enterprise. There has been increase of interest and participation on the part of the lay worker, based on a better understanding of nursing and its needs, which is bound to result in more efficient board and committee members in public health organizations. This closer contact has contributed also to the welfare and interest of the work because of broadening the influence of the nurse. Such development, while bringing greater responsibility, means a more intimate knowledge of the community health needs and its resources, and increasing satisfaction to the nurse herself because her place is more definitely established, and her field of usefulness extended. More general adoption of adequate record forms and better evaluation of the use of time.

Second, the attention given to the normal of all age groups: Possibly progress in public health nursing has not been so notable along these lines, although in discussion with a Provincial Health Officer, within the last week or two, he commented on the much better attitude of fellow professional workers and the public generally because of the better understanding of the work undertaken in the spread of health education.

Dr. Weisbach told us last year in Geneva of a post-graduate year of training the Academy of Hygiene proposed to carry on in conjunction with the German Nurses Association, for those nurses who wished to prepare themselves for posts as principals or matrons for schools of nursing. He said in part: "The Academy of Hygiene hopes that these courses will promote the understanding of the close connection between nursing and public health work. Up to now one of the drawbacks has been that nurses have had only the chance to study persons when they are sick. They lack opportunity of becoming familiar with the average state of health of the large mass of the population, of observing the manifold graduations from sturdy health to impaired equilibrium of health, and thus of being able to arrive by comparison at conclusions with regard to improvement or deterioration in the physical or mental state of those entrusted to their care. The time devoted to public health welfare and the observation of and caring for healthy people should also have a beneficial influence psychologically on nurses in general. To sum up, one may say that to students of nursing, the science of the healthy body should be the foundation of their understanding of the condition of the diseased body, and that the object of the tuition in all subjects should be to give knowledge first of the normal and then of the abnormal." Does it not seem possible that once it is more generally the case that the instruction of student nurses is further developed along these lines there will be greater appreciation of the value of educational and preventive work.

Third, the effort made to obtain further co-operation of individuals and groups in the community: With regard to this tendency one would feel there has been quite remarkable development. The tie has been strengthened with women's organizations. Also, with regard to the Canadian and Provincial Medical Associations there has been decided progress. Two years ago at the Public Health Section, Dr. Cameron, of Peterborough, attended our meeting and entered into discussion. Since that time there have been further developments about which you will hear more in other sessions of this gathering. Again, public health nurses are taking their part in the meeting and in the programme of the Canadian Public Health Association annual meeting to be held here in Winnipeg in the autumn. Our programme throughout this present meeting is further illustration of this development.

Fourth, increased recognition of the need for special training on the part of those employing public health nurses, more noticeable possibly than is indicated by increase in number of suitable applicants to Universities. There are not as many candidates for public health training as one would like to see. Two rather opposing points of view could be quoted here: one, that there are not sufficient inducements for promotion to tempt nurses to take up public health work. Another is, why should nurses need to be urged or offered financial inducement to take up public health work. Is the reason economic, academic or ignorance as to the value of such preparation? Undoubtedly the demand for the services of the trained woman are increasing all the time. In fact, well-informed official bodies and lay groups are frequently demanding their nurse shall have such qualifications. On the whole, too much is expected of them. When the nurse concerned has had post-graduate training and does not come up to expectations, naturally the whole group is criticized. Neither does the one type of nurse fit in to every type of public health work. In requesting the services of a nurse, greater emphasis is frequently placed on her personality and ability to get along with people rather than on her efficiency as a nurse or her preparation. Educational and cultural background, and previous experience too, are emphasized as important. It is well to face all this because the relationships in public health are so varied and so much is expected of the individual nurse that careful selection is necessary in the beginning, otherwise it is no wonder she sometimes finds she is a misfit, even although she may be well-qualified professionally. Then too, public health training will not instill the quality of leadership if it is not already there. This fact has been too little recognized. There is need of four or five different types of nurse to meet the demand for the various types of position. There is the potential supervisor of the larger district, the staff nurse, the one willing to do pioneer work—to endure

loneliness and hardship, the one in the smaller, less interesting centre where there is little stimulus socially or professionally. More and more there will be need, too, for the specialist supervisor on the larger city staffs. Where are we going to get them?

We have need now of more refresher courses because organizations at present compelled to employ nurses without full public health training feel that from time to time those who have been away for some time from university, or the newer ones coming along who have not had university post-graduate training should have some such opportunity.

Fifth, the broadening of professional relationships: One very valuable contribution has been the awarding of Fellowships by the Rockefeller Foundation, which has resulted in international exchange of nurses. Several of our Canadian group have thus been enabled to go to the United States to work and to study there, while at the same time nurses from other countries have come to Canada for the same purpose.

Early this year a number of representative nurses from University Departments and teaching hospitals were invited to New York to take part in a conference held there. In May, your Chairman was asked to attend a conference on Nursing Education, held at Teachers' College at the time of the inauguration of Dean Russell. A very comprehensive questionnaire was sent out in advance, the replies to which furnished the basis of discussion. There were several sessions, and the group assembled was small enough that there were fine opportunities for meeting individual members in between and of discussing problems of mutual interest. It was interesting, on this occasion, to meet Miss Nina D. Gage, President International Council of Nurses; Miss Evelyn Walker, and a number of others, who are interested in and hoping to come to the International Congress in Montreal next year. Canadian nurses were also invited to send representatives to the American Nurses Association meeting in Louisville, in June. For ten years in succession Canadian nurses have attended the course at Bedford College, England, given under the auspices of the International Red Cross Societies.

The relationships of the past two years of the different Sections of the Canadian Nurses Association have been most kindly and co-operative. This past year has been a difficult one, but because every one realized that, possibly we have been drawn even closer together. We have now, too, the common bond of having assumed the responsibility of the International Congress coming to Montreal next year. This will be a rare opportunity of gaining professional assistance and of developing friendly feeling through personal contact with nursing representatives from all over the world. Let each of us do everything we can to make the Congress in Montreal an outstanding success and a credit to Canada.

## *Summary of Provincial Reports*

ALBERTA: Membership 44. It has been decided to start a provincial library for nurses to be, for the present, in the office of the Registrar, Parliament Buildings, Edmonton. The sum of $75.00 has been obtained for books.

Public Health Activities: Eight nurses are engaged in providing nursing service in isolated districts. The last district to be opened is 100 miles north and west of Peace River.

The travelling clinic, a provincial undertaking, perhaps unique in Canada, continues to provide medical and dental aid in many districts. The demand for this service is constantly increasing. Last year only one-third of the districts organized could be visited.

Red Cross: In Alberta two outposts are maintained. Home Nursing Courses number 109, with an enrollment of 1,683 pupils. The weekly radio talks which are a feature of the work are greatly appreciated. The Junior Red Cross is a very active organization in the province.

Last autumn the province suffered a severe epidemic of poliomyelitis, possibly over 300 children being affected, many being left with a considerable degree of paralysis, which will require prolonged care. For this reason the Provincial Government decided to establish a hospital in Edmonton fully equipped and staffed by specialists for the after treatment of poliomyelitis, treatment being provided at cost. Possibly this undertaking on the part of the Department of Public Health is unique in Canada.

BRITISH COLUMBIA: Eighty nurses are engaged in public health work in the province. During the winter months get-together-suppers were held in Vancouver, with an average attendance of forty. A Public Health Nursing Exhibit of the work in the province has been prepared. The formation of a Reference Library for public health nurses was discussed, but the question was left over for further consideration at the next meeting.

MANITOBA: Eight meetings of the section have been held since 1926. Members have been successful in collecting the nucleus of a library for nurses, at present housed in the office of the Registrar of the Manitoba Association of Graduate Nurses.

NEW BRUNSWICK: At the present time twenty-nine full-time nurses are engaged in public health work in the province. Eighteen of these are members of the C.N.A. In spite of an active local "public health section" in Saint John during the season of 1926, interest seemed to lag. The nurses apparently preferred, since the number was so small, to give their time to the general meetings of the Local Chapter of the provincial association.

NOVA SCOTIA: Forty members. A library scheme is being considered and it is expected that a lending library for nurses will be established in the near future.

In July 1927 a very interesting refresher course was given, when Miss Jean E. Browne gave a series of lectures on "Health Education." A similar course was held in June, 1928, when Miss Mary Beard, of the Rockefeller Foundation, gave several lectures.

Within the past two years the Nova Scotia Tuberculosis Commission has made more advance than any other organization in the province. Two outstanding results of the campaign are, (1) the providing of nurses for tuberculosis work in different districts, covering the whole province; and (2) the recognition by the public of the pressing need for hospital extension for tuberculous patients.

The Provincial Government is broadcasting a series of health talks, and has appointed a provincial psychiatrist. A health car is attached to the farming train on its summer tour.

A summer camp was started in Sidney last year, and this year, in Halifax, the Kiwanis Club is building one.

Miss Maude Hall has been appointed to the Dalhousie Public Health Clinic by the Rockefeller Foundation. Some of her work will be with fourth year medical students, studying the effect of social conditions on physical and mental ills.

In the industrial nursing field the first public health nurse in this type of work was appointed recently by Moir's Ltd.

The closing of the Massachusetts-Halifax Health Commission, after eight years, is greatly regretted.

ONTARIO: Membership 226. In 1926 a questionnaire was sent out to hospitals regarding the opportunities for student nurses in Ontario to gain an insight into public health work. The results of this were forwarded to the Nursing Education Section. Significant developments since the last biennial meeting:

1. Victorian Order: An increase of 10 nurses in the last two years, six new districts opened up. Scholarships granted to eight nurses, and in 1927 three fellowships were awarded Victorian Order Nurses in Ontario to observe health activities in the United States.

2. Provincial Health Department: Seventeen nurses on the provincial staff mostly in Northern Ontario. Sixty-eight municipalities have some type of public health nursing, in most of which the Provincial Department exercises a measure of supervision.

3. Red Cross: During the last two years seven new outposts have been opened and ten nurses added to the staff. In 1927 a short refresher course was arranged in Toronto. This year the scholarship fund has been increased to provide two. One hundred and ninety Red Cross Home Nursing Courses have been given during 1927 and 1928. In 1927 there were 1,587 Junior Red Cross branches. The training of Red Cross Housekeepers in Toronto has been amply justified, at present there are twenty-three housekeepers and seven students.

4. Student Work: Since the fall of 1927 junior hospital students spend one week with a hospital social service nurse, this in addition to the public health work of their senior year.

In 1926 a new course in public health nursing was started at Toronto University, the first eight months to be spent at the University, the following 26 months at the Toronto General Hospital School for Nurses, and the last ten months at the University. At the conclusion of the four years the student will receive the Diploma of the School for Nurses at the Toronto General Hospital and the Diploma of Public Health Nursing from Toronto University. During the past year there has been an enrollment of nine foreign students from the Rockefeller Foundation for the one year course.

5. Mental Hygiene: Last winter a course of lectures on "Mental Hygiene of Childhood" was attended by the majority of Public Health Nurses in Toronto. Parental training classes have been organized in Toronto in connection with one of the day nurseries. The Rockefeller Foundation granted two fellowships for mental hygiene study in the United States. A special short course in "Mental Hygiene of Young Children" is to given in June by the Department of Psychology of the University of Toronto to a group of nurses from the Toronto Department of Health.

PRINCE EDWARD ISLAND: No special report of new undertakings. There are four public health nurses in the province, two of whom are stationed in Charlottetown.

QUEBEC: 220 members. English and French nurses hold their meetings together with the programme in both languages.

Public Health Activities: Possibly the outstanding development in Public Health activities in the province since 1926 has been the increased responsibility and interest assumed by Civic and Provincial Governments.

Industrial nursing has received a great impetus through the establishment of a Division of Industrial Hygiene in the Department of Hygiene and Preventive Medicine at McGill University and also in the establishment at the Montreal General Hospital of an Industrial Clinic.

Psychiatric surveys are being made in the public schools of Montreal, both Catholic and protestant. It is hoped that the establishment of special classes for the mentally retarded will soon follow.

One year scholarships have been granted the Child Welfare Association of Montreal by the Laura Spellman Rockefeller Foundation for two of their nurses to study Parental Education and Child Development in the United States.

There are 71 Victorian Order Nurses in Quebec. Eight nurses took Victorian Order Scholarships in Public Health Nursing during the past two years.

The Junior Red Cross has a membership of 17,574 children. This development is for the most part outside the City of Montreal.

SASKATCHEWAN: Seventy nurses are employed in Public Health work in this province.

In May, 1927, a nursing service was organized in two rural districts under the joint control of the Victorian Order and the Department of Health. As well as bedside nursing, all types of educational work in public health are undertaken.

A nurse-teacher has been placed in charge of the work in health education in the new normal school in Moose Jaw.

In February and March, 1928, in co-operation with the Provincial Department of Health and the Red Cross Society, the Dental Association carried through a six weeks' intensive campaign in oral hygiene.

In 1928 legislation provided for the establishment of health units or districts where a generalized programme of public health work will be carried on.

On May 1st, 1928, the School Hygiene Branch of the Department of Education was transferred to the Department of Public Health. The nurses of this branch associated with those already in the Department of Public Health will comprise the new branch to be known as the Division of Public Health Nursing. The merging of the two branches, Child Welfare and School Hygiene, has been planned in an effort to unify the service and avoid duplication of effort. A plan of generalized public health work has been arranged with special districts allotted to each of the nurses now in the field, who will work from a headquarters located centrally in the district. During the summer months health conferences for pre-school children have been emphasized.

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The three main objects of public health work are:

1. The prevention of disease.

2. The enhancement of health.

3. The cultivation of the complete being of man, in order that physically, mentally, and morally, there may be the highest self-development of a well-balanced nature.

If any of these three conceptions of our work is omitted a stunted and imperfect result necessarily follows; and surely every branch of public health work affecting the individual should be judged by its competence to assist in the realization of this triple ideal.—Sir Arthur Newsholme.

## *British College of Nurses*

At the second annual dinner of the British College of Nurses, held on July 10th, 1928, in London, England, the high commissioners and agents-general of the Dominions of the Empire were the guests of honour. Dr. Helen MacMurchy, Chief of the Division of Child Welfare for Canada, represented the Dominion in the absence of the Hon. Mr. Larkin, high commissioner. Other guests present came from all parts of the Empire. The toast of the evening, "Success to Imperial Standards of Health in Great Britain and the Dominions," was made in an admirable address by Miss Isabel Macdonald. When referring to nursing education, Miss Macdonald said in part: "In this connection I would raise one point in the hope that we shall have the sympathy of the representatives of the Dominions who are with us tonight. I would ask that they use their influence so that when posts calling for administrative ability and expert knowledge in nursing and public health are vacant these may be filled by people who are qualified for the work, and that nurses be not handicapped by having in direct authority over them, people who hold no nursing qualifications whatever. . . . I think the representatives of our great Dominions, here in London, must in many ways, of necessity, be rather like the nurses! They must be generous, large hearted, must be optimists and able to explain away many difficulties, and above all, they, like the nurses, stand ever at the open door of service. That is why we appeal to them to use their influence that whenever possible, those with expert knowledge and professional qualifications for nursing administration shall direct the nursing services and so enhance the practical value of them to the Empire."

# Department of Private Duty Nursing

## *Group Nursing*

By A. L. LOCKWOOD, M.D., C.M., F.A.C.S., Lockwood Clinic, Toronto

For some time past there has been an increasing endeavour on the part of industrial concerns, commercial houses, financial institutions, the mercantile trade, and indeed practically all pursuits of life, to give better service to the public at a lower cost. The members of the medical profession, who have had to deal with large numbers of patients, have realized that during these years the increased cost to patients of thorough examination, treatment and hospital care has so materially increased that all forms of quackery and allied healing methods in which snap diagnoses are made have therefore flourished.

The necessity of modern laboratory examinations, x-ray investigations and of obtaining the combined opinions of several consultants, including a competent dentist, is appreciated not only by the profession but by the public. Such examinations are absolutely essential and necessary for the accurate determination of the cause of disease. What the laity as yet does not appreciate is that while such examinations mean an additional initial expense, in reality they are ultimately an economy. Patients do not always realize that these numerous examinations, consultations, etc., are necessary for an accurate appreciation of the cause of their complaints, and that such examinations are done entirely and solely for their own personal benefit and not for pecuniary gain to medical men.

Many of these examinations require the admission of patients to hospital while the examination is being undertaken. In addition there has been an ever-increasing demand on the part of the public for hospital attention during illness. This is especially true in midwifery. Women in almost every walk of life, regardless of their financial position, consider it necessary to go to a hospital for confinement. Drugs in common use, at least all of the synthetic preparations, are now relatively expensive. Various treatments, such as diathermy, Alpine lamp, ultraviolet rays, etc., which the profession consider necessary, create additional cost. It has become an expensive luxury to be sick, or even to make an effort to remain well.

This being the case, the profession is faced with the necessity of seriously considering methods and means of reducing the expense of examinations, treatments, hospitalization and nursing care. It behooves not only those of us in the medical profession, but also in the allied profession of nursing, to consider whereby the cost of being sick can be materially lowered. We all feel that the day of operations on the kitchen table and confinements in the home should belong to the past, but do we all as yet realize what a heavy financial burden is imposed on people in middle class circumstances when they find themselves in the unfortunate predicament of being obliged to remain in hospital even for a few days? The poor are well looked after. There are first class medical men on the staffs of hospitals examining, treating, operating and caring for them generally without any expense whatever to the poor. They have comfortable beds, nourishing food and good nursing attention by conscien-

(Read before the Private Duty Section, Canadian Nurses Association, July 5th, 1928.)

tious young women in training. The wealthy class is able to occupy luxurious hospital suites and employ day and night nurses. Recently a friend of mine had his tonsils removed under a local anaesthesia. He had two nurses by day and night for four or five days. How positively ridiculous! and yet this is the trend of the times. The great middle class falls between. They are sensitive about entering public wards, and they cannot afford private wards with special nurses. Yet the majority of them try to keep up appearances though, in many instances, private rooms and special nurses are not essential to their recovery.

At the present time, if a patient enters even a semi-private room at a cost of $3.50 per day and requires a day and night nurse, the minimum hospital expense is approximately $16.00 per day. In addition there is the charge for the operating room, laboratory and medicines, and often further expense at home for a woman to assume the household duties, should it be the housewife who is ill. With the tremendous expense for the short stay in hospital that is required even for major operations, the unfortunate husband is either burdened with a debt that it takes him years to repay or he must use up the savings of years in a few days.

There has been an increasing tendency on the part of the public to demand private nursing service post-operatively for at least a few days. The majority of busy surgeons with large numbers of patients under their care have adopted the practice of requiring a special nurse for the day of the operation and the first night post-operatively, at least. In spite of the refinements of general anaesthetics, the large percentage of surgery that is done under local anaesthesia and the shortening of the time necessary for the various operative procedures, it is a wise precaution to have a private nurse in constant attendance during the first twenty-four hours post-operatively.

The twelve-hour day for nurses has been adopted to such an extent that it is now most difficult to secure the twenty-four-hour services of a competent nurse. In many institutions an eight-hour day prevails. While these shorter hours are necessary in the interests of the nursing profession, they all lead to additional expense to the patient.

In the last few years it has become evident to members of the medical profession who have the hospital care of large numbers of patients that something must be done to reduce hospital expense, and the time is opportune for the nursing profession itself to seriously consider whereby patients may have adequate nursing attention at a minimum cost. There has been a feeling in certain United States institutions that it would be wise to establish a shorter course for a certain percentage of nurses. The present high standard that exists in recognized hospitals would not be required of girls entering for the shorter course. Two years would be the maximum training. These nurses would not receive the pay of the graduate and would be expected to assume a certain amount of household duty when nursing in the home. There was a time, not long past, when the public demanded that nurses on home nursing should help in the household routine upset by illness. In recent years, however, the laity, at least, has developed the attitude that quite apart from assuming any of these duties in many instances the presence of a nurse in the home has added to the household duties. Personally, it is a question in my mind whether or not a shorter course for nurses will serve the interests of the public best. We are, however, faced with the problem of supplying nursing attention at a reduced cost. In institutions it would seem that the logical solution of the problem is the so-called "Group Nursing." In the

construction of hospitals in certain centres in the past few years this has been in the mind of those responsible, and the wards have been planned to permit of this practice. There is no doubt that a thoroughly trained, competent and conscientious nurse can look after three patients satisfactorily after the first twenty-four hours of the patient's post-operative course, provided the beds are suitably arranged and the patients are running the ordinary post-operative course. For that reason a higher percentage of semi-private rooms is being planned in modern hospitals. Also moderately priced private rooms closely joined on a main corridor make it possible for this type of group nursing. Experience has shown that with the right type of nurse the attention is often more thorough, because, where it is necessary to work under greater pressure and tension, efficiency is developed. The old adage, "Necessity is the mother of invention," suggests a new one: "Work under pressure is the mother of accomplishment." The nurses themselves develop greater acumen and foresight and are directly benefitted by the increased effort necessary. Also they benefit financially because, when the expense is divided among three patients, each can afford to pay a little more; for example, instead of the nurse receiving $5.00 a day, she may receive $6.00 a day for her day duty and $7.00 for her night duty. There are certain types of patients who might be described as "fussers," who are better without constant nursing attention. This is particularly true of male patients. Probably most male patients are better content with just sufficient nursing attention without the constant presence of a nurse at the bedside. It is well recognized that in a definite percentage of instances the patient is bored by the constant presence of the nurse, and the nurse is certainly frequently bored by the constant presence of herself in the patient's room. Group nursing would contribute to the advantage of both the patient and the nurse, the latter being satisfied because he realizes that the nurse has at least two other patients besides himself to whom she must attend.

It would seem that group nursing will soon be demanded by the medical profession, and it would be better for the members of the nursing profession to develop the system themselves. It will not materially reduce the opportunity for service, because when the medical profession and patients realize that after the first or second day they can come under this group system a higher percentage will be glad to employ a private nurse for more than the first day or two, realizing that the ultimate expense for the duration of the stay in hospital will be materially lessened. There is no doubt that unless group nursing is adopted by the nursing profession, a higher percentage of practical nurses will, of necessity, be employed. The surest means of maintaining the high standard of training which at present prevails in most hospitals in this country can only be maintained by some such method. It may appear to a portion of the nursing fraternity that they are greatly increasing their own burdens and responsibilities for a slight increase in fee, but this is more than offset by the increased mental effort and foresight that is developed in caring for two or three patients at one time. I, personally, am satisfied that the nurses who have been doing group nursing become more skilful and proficient than those who confine themselves to private duty solely. Experience has shown, in addition, that those who have had experience in group nursing are better satisfied with their work than those who continue to do private nursing only.

One of the best means whereby the medical and nursing professions may maintain the standard of their pro-

fession and help to offset all the various cults that have developed for the care of the sick is by reducing the cost of attention to patients. Group nursing will materially contribute to this end.

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## *Group Nursing from Standpoint of the Nurse*

By THERESA O'ROURKE, Winnipeg

Group nursing is today a much discussed topic in the nursing world, but are we giving it proper consideration and are we weighing it from different angles with a fair attitude towards all concerned?

In preparation of a paper on this subject I set out collecting all available literature on the same: for group nursing has not reached even its infancy here in Manitoba. I also approached many private duty nurses regarding this topic. The majority immediately answered, "I do not like the idea. Why should we be nursing more than one patient when nurses are available for special duty?"

Surely this is an opportune moment for us to concentrate on group nursing and learn its advantages and disadvantages. By reviewing literature in nursing magazines it is learned that the initial idea was to shorten the hours of the private duty nurse. This plan of nursing is said to be very satisfactorily carried on at St. Mary Mercy Hospital, Gary, Indiana. The foremost thought in introducing it was to shorten hours for the private duty nurse doing hospital work. Miss Alice Hopland, R.N., of St. Luke's Hospital, Duluth, Minnesota, presented a paper on this subject at the American Hospital Association's twenty-ninth annual convention, held in Minneapolis in October, 1927. Her impressions, speaking from experience, were summed up as follows: 1, It is more interesting; 2, it is educational; 3, regularity and steady employment; 4, time off duty; 5, nurses become more attached to hospital; 6, employed and paid by hospital; and 7, appreciation of patients.

Interesting work plays a big part in the happiness of an individual. There are undoubtedly many times when the care of one patient becomes monotonous. By this I do not mean that we find nursing monotonous. If there is a nurse who has that attitude towards nursing she should immediately drop out of the ranks of the profession. What I do mean is during the convalescent stage many patients become so dependent on the private nurse doing all for them: you might say we even think for them, as we are trained to anticipate the requirements of those under our care to the extent that they should not find it necessary to request anything. This in many cases is the reason we are kept on duty during the convalescent period with only general care necessary and when we have many idle hours in the day or night. We must be within reach of the patient should he or she give the signal, but how often many of us have thought during such times that we could be really doing something worth while for some seriously ill patient? Yet we all have had the experience of cases where we never had the opportunity to relax and where we went off duty tired to the extent of getting home as quickly as possible and no time for any diversion: our only resource to retire and rest.

In group nursing the time off duty each day would mean so much: the two hours' rest is attractive to all of us doing private duty. How refresh-

(Read before the Private Duty Section, Canadian Nurses Association, July 5th, 1928.)

ed we would be when we return to the ward! Some one has said we are more efficient under pressure.

We are a group who are administering to people during the saddest hours or days of their lives. We also have many joyous hours with them, but at all times we have the responsibility of lives. Undoubtedly every nurse is anxious to find a solution whereby every person in the community could know that, regardless of their wealth, there is a way of having the extra aid during illness should the condition of patient warrant the extra attention. Is this the idea behind this newly talked of branch?

I cannot speak of group nursing from experience, but I was fortunate enough during the past month to have two patients: thyroidectomy cases in a semi-private ward. They were for the same surgeon, operated on the same morning, and my three nights with them were not any more difficult than taking care of one similar case. Each understood that the other was sharing in the case. Another experience I shared a short time ago was the following: I was on a special case (appendectomy), in a semi-private ward, night duty, with the patient in splendid condition. A similar case was admitted the second day following my patient's operation. At ten o'clock at night patient No. 2 decided to ask for special nurse. The nurse reported on duty at 11 p.m. My patient had just got to sleep. Nurse No. 2 gave general care to her patient; my patient wakened wondering if the other patient was more ill. About 1 o'clock the patients went to sleep. Both nurses had nothing more to do till morning, then only general care. Nurse No. 2 was on duty one night only. Surely this was a case for group nursing and both patients would have had equally as much attention.

Should group nursing, as suggested, be accepted, we need to know that the public being admitted to hospital would be fully enlightened as to the working idea of group nursing, and I think should be advised to arrange for such nursing service if the doctor considers the patient would benefit by this care. Would this be a way of encouragement for more patients to have the extra care, and in this way give more work to compare favourably with the number employed under the present system? Are the hospitals prepared to group the patients for the convenience of such attention? Will the doctors be ready to explain and advise patients as to the advantages for the patient's welfare, financially and physically?

We are teachers of health and also of preventative illness: would this system be overtaxing the nurse in regard to her own physical strength?

Underground rumblings of disapproval and discontent are being heard re this topic, also the voice of others who admit that unknown branches of our profession will before long come to be recognized as a part of the economic system of living. Again we hear from others, who desire to become actively engaged in this branch, viz.: group nursing, in order not to waste golden hours in which important work may be accomplished.

The private duty section of nurses should be deeply interested in this topic and I trust will discuss and study this subject from angles most beneficial to nurse, patient, hospital and the medical profession.

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It is because science is sure of nothing that it is always advancing.—Duclaux.

## The Maritime Conference of the Catholic Hospital Association

The fifth Maritime conference of the Catholic Hospital Association, which was held at Charlottetown on June 20th, 21st and 22nd, 1928, was decidedly a success. Reverend Mother Audet, Hotel Dieu of St. Joseph, Campbellton, president of the Association, directed the activities of the convention, which was marked by a great deal of zeal and enthusiasm. The keynote of the proceedings was Nursing Education in the Maritimes. Conveners were present from the Hotel Dieu Hospitals of Chatham, Campbellton, Moncton, St. Basil's and Tracadie; St. John's Infirmary, City Hospital, Charlottetown; St. Martha's Hospital, Antigonish; St. Joseph's Hospital, Glace Bay; Ross Memorial Hospital, Sydney, and St. Mary's Hospital, Inverness. Subjects presented and discussed were: "Hospital Mentality," "Hospital Hospitality," "Hospital Conferences," which was followed by a demonstration in which the Hotel Dieu Sisters from the various hospitals of New Brunswick took part; "Liquid Diet," followed by a demonstration and very interesting discussion; "Pharmacy Work in our Hospitals," "Nurses' Sodalities," "Miscellaneous Problems."

In his address on Nursing Education the Rev. P. J. Mahan, S.J. (of Chicago), dwelt particularly on "the requirements for the grading of schools of nursing and how the small hospitals may meet such requirements." A round table discussion on "The Faculty of the School of Nursing in Small Hospitals" was opened by the Rev. P. J. Mahan, who also acted as chairman at other round table discussions. Sister M. Camillus gave an interesting report of Nursing Education in New Brunswick, and Sister Jovita gave a demonstration on "Lesson Planning and Teaching in Schools of Nursing." The address by Dr. Helen MacMurchy on "Child Welfare in the Department of Public Health," and that by Dr. Harvey Agnew (secretary, Hospital Service Bureau, Canadian Medical Association), entitled "A New Development in Canadian Hospital Life," were particularly instructive and of great practical value to hospital workers in general.

Sister M. Camillus (St. John Infirmary, St. John, N.B.) was elected president for the ensuing year.

## Book Reviews

**Orthopedic Surgery for Nurses:** By Philip Lewin, M.D., Assistant Professor of Orthopedic Surgery, North Western University. W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, $3.25.

From the nurse's view-point, this book presents the care of the cripple in a manner interesting and comprehensive to the student, as well as to the graduate nurse.

The first few chapters deal with the orthopaedic department, consisting of the plaster room, its equipment, the preparation and application of plaster of paris, the splint room, and the operating room equipment with technique carefully described.

The chapters on infantile paralysis, scoliosis, tuberculosis of bones and joints, and congenital deformities, are especially interesting, and make one realize the importance of proper nursing in orthopaedic surgery.

Unusual orthopaedic conditions are also briefly discussed.

The 340 illustrations are most instructive, and describe, clearly, orthopaedic conditions, apparatus and treatment.

This book will be a great value to all those interested in the care of the cripple.

KATE McLEARN.

### Books Received

**Nurses, Patients and Pocketbooks: A Report of a Study of the Economics of Nursing Conducted by the Committee on the Grading of Nursing Schools:** By May Ayres Burgess, director. Published by the Committee on the Grading of Nursing Schools, 307 Seventh Avenue, New York City. Price $2.00.

**Bacteriology for Nurses,** 3rd Edition: By Mary Elizabeth Morse, A.B., M.D., and Martin Frobisher, Jr., S.B., Sc.D. Published by W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, $2.25.

**Applied Chemistry for Nurses,** 2nd edition: By Joseph L. Rosenholtz, Ph.D.; 220 pages, illustrated. Published by W. B. Saunders Company; Canadian Agents, McAinsh & Co., Limited, Toronto. Price, $2.00.

**Nutrition in Health and Disease for Nurses:** By Lenna F. Cooper, B.S., M.A., M.H.E.; Edith B. Barber, B.S., M.S.; Helen S. Mitchell, B.A., Ph.D. Illustrated. Published by J. B. Lippincott Company, London and Philadelphia.

# News Notes

Owing to this issue containing papers, reports, etc., of the Biennial Meeting, Canadian Nurses Association, it has been found necessary to limit this Section to official and general news notes.—Ed.

## NEW BRUNSWICK

ST. JOHN: Miss Jessie Andrews has resigned from the nursing staff of the General Public Hospital. Miss Vella Hoyt has joined that staff.

Friends of Miss Georgia Story will be glad to learn that she is convalescing from her recent illness.

Much sympathy is extended to Mr. and Mrs. Denyer (Dorothy Till, G.H.P., 1925) in the death of their son.

## NOVA SCOTIA

The second annual Refresher Course for Graduate Nurses, given under the auspices of Dalhousie University, was held from June twenty-fifth to twenty-ninth inclusive.

The nursing group and the university were particularly favoured in having Miss Mary Beard of the Rockefeller Foundation give several lectures. Miss Beard was in Halifax officially for other reasons but very graciously, though unofficially, gave of her energy, time and inspiration to the course. Two lectures were given to the nurses alone, another at an evening session at which a number of doctors and interested laymen were the guests of the nurses, and the fourth to a group of about one hundred pupil nurses of local hospitals.

Miss Beard, in a most inspiring manner, unfolded the great possibilities and the fascination of real nursing in its many branches, showed the challenge thus presented to each member of the profession, and led up to the general discussion on nursing education. Frequent reference was made to the recent and most interesting report of a study of the economics of nursing conducted by the Committee on the Grading of Nursing Schools, and published under the title "Nurses, Patients and Pocketbooks," by May Ayres Burgess, the Director of the Study.

The programme was planned to provide variety, not only that it might appeal to nurses engaged in varying types of nursing but also that each particular group might keep in touch with the work of sister groups within the profession. Members of the Medical Faculty of Dalhousie University, nurses and others, very willingly contributed through lectures, demonstrations, round tables, etc.

One hundred and one nurses registered for this course, including a number of nuns, and good representation from New Brunswick and Prince Edward Island as well as various sections of the Province of Nova Scotia.

Impressive ceremony marked the graduation exercises of the Aberdeen Hospital, New Glasgow, N.S., held in the Oddfellows' Hall, on June 14th, 1928, when six nurses received diplomas. Miss Mary C. Hanchuck (Sydney), with the highest average, won the gold medal donated by Mrs. J. H. and D. C. Sinclair in memory of the late J. H. Sinclair. Matron Margaret C. Macdonald, R.R.C., addressed the nurses and presented the diplomas.

Miss Claudia Fleming, superintendent of nurses of the Nova Scotia Hospital, attended the biennial meeting of the Canadian Nurses Association as delegate of the Registered Nurses Association of Nova Scotai.

Misses Mary J. Hayden and Catherine M. Graham are in charge of Rainbow Haven this season: Miss Hayden for part of June and July and Miss Graham from July to the end of the season, and Mrs. Karl Scheaffer, camp nurse of the C.G.I.T., is camp mother at Pinehurst this year.

## ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in August, 1928, were 1,138, 28 less than previous month.

APPOINTMENTS

Misses Amy Newton, Ila Drooman and Dorothy Mllne (Toronto General Hospital, 1928), to the staff of the T.G.H.

Miss J. Lougheed (Women's College Hospital, Toronto, 1927) to the staff of the Red Cross Hospital, Wilberforce. Miss Lougheed completed the course in Public Health Nursing, University of Toronto, 1928.

Miss Laura Blaney (Women's College Hospital, Toronto, 1926) as night supervisor, General Hospital, Cochrane, Ont.

Miss G. Hodgson (Women's College Hospital, Toronto, 1924) to the staff, Red Cross Hospital, Richard's Landing, St. Joseph's Island.

Miss Reta Sutcliffe (Hospital for Sick Children, Toronto), assistant superintendent of nurses, Alexandra Hospital, Montreal.

Misses Mary Acland and Lilian Morton (Hospital for Sick Children, Toronto, and School for Graduate Nurses, McGill Univevrsity), to the staff, H.S.C.

VICTORIAN ORDER OF NURSES: Miss Mary E. Ross (Hamilton General Hospital) to the staff at Hamilton; Miss Alice Hunt (Hamilton General Hospital) to Huntsville, replacing Miss Jessie Lower, who has been transferred to Toronto; Miss Grace Versey (Western University, 1928), to the staff at London; Miss Jean McEwen (University of Toronto, 1928), returned to the staff at Ottawa; Miss Lily Gray (M.G.H.) has been appointed in charge of Winnipeg district, to succeed Miss M. B. Peterson, who resigned to be married; Miss Dorothy Fowler (Columbia University), to the staff at Halifax.

DISTRICT 5

GENERAL HOSPITAL, TORONTO: During the biennial meeting, Canadian Nurses Association, a delightful tea was arranged by Miss Gunn at The Fort Garry, Winnipeg, for the Toronto General Hospital School for Nurses' graduates. Those present were: Misses Beatrice Ellis (1907), superintendent of nurses, Toronto Western Hospital; S. Agnes Campbell (1912), superintendent of nurses, City Hospital, Saskatoon; Emma Hamilton (1904), private duty nurse, Toronto; Ethel S. Fenwick (1918), superintendent of nurses, University of Alberta Hospital, Edmonton; Margaret Dulmage (1918), second assistant superintendent of nurses, Toronto General Hospital; Jessie M. Chinneck (1915), school nurse, Edmonton; Alice Olds (1915), assistant superintendent of nurses, Children's Hospital, Winnipeg; Edna L. Moore (1913), field worker, Canadian Anti-Tuberculosis Association; S. Isabel Stewart (1910), supervisor, Red Cross Nursing, Saskatchewan; May Ewart (1910), head school nurse, Point Grey, Vancouver; Dorothy M. Hopkins (1925), public health nurse, Province of Saskatchewan; and Mrs. Effie M. Feeny (1907), public health nurse, Province of Saskatchewan.

WOMEN'S COLLEGE HOSPITAL, TORONTO: Miss M. Stevens (1924), has successfully completed the course in public health nursing, School for Graduate Nurses, McGill University.

Miss Myrtle Scott (1924) returned to Nakina Red Cross Hospital after holidaying in New York and Toronto. Miss Scott is very happy in her Red Cross work in Nakina, and will be assisted this year by Miss G. Edwards (1928).

Miss G. Ament (1919), who spent the past year on furlough, sailed early in July for England en route to India to resume her hospital duties.

DISTRICT 8

OTTAWA: At the annual meeting of the Lady Stanley Institute Alumnae, the officers for the past year were re-elected for 1928-29. Reports of the year's work were made by the president and secretary. Miss Ebbs gave an interesting report of the annual meeting of the Provincial Association.

Miss Mary Turner (Ottawa Civic Hospital, 1928) will attend the course for Instructors and Teachers of Training Schools, School for Graduate Nurses, McGill University, 1928-29.

DISTRICT 10

The June meeting of District 10, R.N.A.O., was held in McKellar Hospital Nurses' Home, Fort William. Twenty-eight members present. Miss Sara McDougall, Port Arthur, who was district representative to the annual meeting, R.N.A.O., gave a report of proceedings, and Dr. J. S. Strachan gave an interesting, instructive address on The Care of the Teeth.

Miss Mae Hetherington, Fort William, represented the district organization at the biennial meeting, Canadian Nurses Association.

GENERAL HOSPITAL, PORT ARTHUR: The graduation exercises were held on June 2nd, when six nurses were presented with diplomas and pins. Medals and prizes were awarded to: Miss Laura Young, gold medal for general proficiency and first prize in obstetrics; Miss Allen, second prize in obstetrics; Miss Heron, first prize in surgery; Miss Simpson, first prize in medical nursing. Baskets containing double clinical thermometers and a Hand-Book for Nurses, donated by the staff, were presented to each graduate, who also received $10 in gold from the board of governors. Members of the Ladies' Aid were hostesses at a private dance for the graduates and friends following the exercises.

ST. JOSEPH'S HOSPITAL, PORT ARTHUR: Graduation exercises were held on June 20th, when ten nurses received their diplomas. Medals and prizes were awarded to: Miss Margaret Flanagan, gold medal for general proficiency and prizes in surgical and pediatric nursing; Miss Josephine Green, gold medal for conduct and loyalty; Miss Marie Duret, prize in obstetrical nursing; Miss Margaret Culleton, prize in medical nursing; Miss Reda Sauriol, prize in materia medica; Miss Edith Oby, prize for highest standing in charting and printing. At the close of the ceremony dancing was enjoyed by the graduates and their friends.

MCKELLAR HOSPITAL, FORT WILLIAM: Graduation exercises were held on June 6th, when fourteen nurses received their diplomas and medals. Medals and prizes were awarded to: Miss Martha Racey, gold medal for general proficiency; Miss Juno M. Magnusson and Miss Ethel Wright, silver medals for general proficiency; Miss Evelyn McTavish, prize for highest in theory; Miss McLeod, prize for charting. The valedictory address was given by Miss Ethel Wright. The following evening the Hospital Board, assisted by the Ladies' Aid, entertained the Class and their friends to a dance.

## QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL: Miss Eleanor McKean (1923), has returned from Bermuda, and is in charge of ward "L." Other appointments recently made to the staff are: Miss Mary McNichol (1928), assistant, Floor 4, Ross Pavilion; Miss Margaret Dixon (1928), to ward "B;" Miss Henrietta Adams (1928), the Hydrotherapy department; Miss Jean Trenholme (1927), ward "K." Miss Edith McRea (1927), has accepted a position at the Health Centre, Canadian National Railways, Montreal.

The Misses Katherine Hill, Eileen Flanagan, Elizabeth Cowdry and Kathleen Covert are attending the school for Graduate Nurses, McGill University, 1928-29.

## SASKATCHEWAN

INDIAN HEAD: Miss Jean M. Campbell, who has been superintendent of Indian Head Union Hospital for five-and-a-half years, resigned her position there on June 15th. Prior to her departure Miss Campbell was presented with an address, and silver compact case and handbag by the board of directors of the hospital. Miss Campbell is leaving shortly for Chicago, where she will take a post graduate course.

## BIRTHS, MARRIAGES AND DEATHS

### BIRTHS

BUCK—At Calgary, Alta., July 21st, 1928, to Dr. and Mrs. Chas. Buck (Phyllis MacGregor, Calgary General Hospital, 1925), a daughter.

ELLIOTT—On July 24th, 1928, to Mr. and Mrs. Elliott (Ethel Bartlett, Toronto General Hospital, 1926), a son.

GRANT—On July 15th, 1928, to Mr. and Mrs. George Grant (Anna Foote, Hospital for Sick Children, Toronto, 1925), a son.

GROH—In May, 1928, at Walkerton, Ont., to Mr. and Mrs. Groh (Nora Weber, Women's College Hospital, 1926), a daughter.

HOTH—At Hamilton, July 1st, 1928, to Mr. and Mrs. Martin W. Hoth, Port Sydney, Ont. (Mildred Robinson, Hamilton General Hospital, 1918), a daughter (Antoinette Irene).

HUGGINS—On July 31st, 1928, at Toronto, to Mr. and Mrs. Huggins (Grace Coles, Toronto General Hospital, 1921), a daughter.

MEPHAM—On June 10th, 1928, at Leger des Heils, Pelantoengan, Soekoredjo-Kendal, Java, to Mr. and Mrs. W. J. Mepham (L. E. Cummins, Royal Jubilee Hospital, Victoria, B.C.), a son (John Wilbur).

MILNE—At Calgary, Alta., July 13th, 1928, to Dr. and Mrs. Milne (Esther Douglas, Calgary General Hospital, 1926), a daughter (Laura Jean).

SALTER—On July 7th, 1928, to Mr. and Mrs. Wm. M. Salter (Irene M. Allward, Toronto General Hospital, 1921), a daughter (Isabel Marie).

STRIPP—On July 24th, 1928, to Mr. and Mrs. Stripp (Pearl Brown, Toronto General Hospital, 1921), a daughter.

### MARRIAGES

BUTCHER—MOULD—On June 7th, 1928, at Anahiem, Calif., Florence B. Mould (Hamilton General Hospital, 1914) to Glenn Butcher.

CRAWFORD—PICKARD—On July 25th, 1928, at Westville, N.S., Mary Pickard, (Royal Victoria Hospital, 1922) to Archibald Crawford. At home—Beirut, Syria.

GRAY—ANDERSON—On August 2nd, 1928, at Toronto, Mary Anderson (Toronto General Hospital, 1926) to Dr. Harris Gray.

KENNEDY—SPLETT—On July 16th, 1928, at Winnipeg, Marjorie Ella Splett (Hospital for Sick Children, Toronto, 1925) to Dr. Hugh John Kennedy.

MACDONALD—DAWSON—On July 14th, 1928, at Toronto, Edith C. Dawson (Hospital for Sick Children, Toronto, 1923) to Dr. W. M. Macdonald, of Kitchener, Ont.

PACKHAM—JONES—On August 8th, 1928, at Toronto, Edith Graham Jones (Toronto General Hospital, 1926) to James McLeod Packham.

RAPLEY—JAMIESON—On July 28th, 1928, at Oshawa, Ont., Eunice Jamieson (Hospital for Sick Children, Toronto, 1925) to Blake Rapley, of Sarnia, Ont.

READ—ROSS—On July 2nd, 1928, at Edmonton, Alberta, Burns Ross (Royal Victoria Hospital, 1927) to Douglas Read. At home—Camas, Washington, U.S.A.

ROBERTSON—PRESCOTT—On June 20th, 1928, at Montreal, Mildred Jane Prescott (Royal Victoria Hospital, 1923) to Capt. Murray Robertson, M.C. At home—146 Aberdeen St., Quebec, P.Q.

SIMPSON—MURRAY—On June 27th, 1928, at Springhill, N.S., Isabel Conway Murray (Royal Victoria Hospital, 1926) to Frederick Lorimer Simpson.

SPOTTON—BENNETT—In June, 1928, at Toronto, Helen Bennett (Toronto General Hospital, 1926) to John Spotton, of Guelph, Ont.

TURNBULL—NIXON—On July 3rd, 1928, at North Battleford, Sask., Gwendolyn Berril Nixon (Royal Victoria Hospital, 1925) to George Ernest Turnbull.

### DEATHS

JARDINE—On June 24th, 1928, at Uxbridge, Ont., Mrs. M. Jardine (Hospital for Sick Children, Toronto, 1906), following an operation for thyroidectomy.

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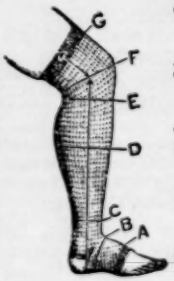


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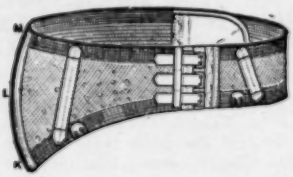

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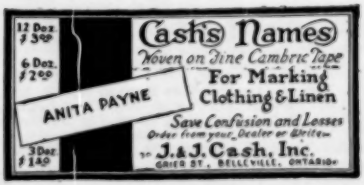
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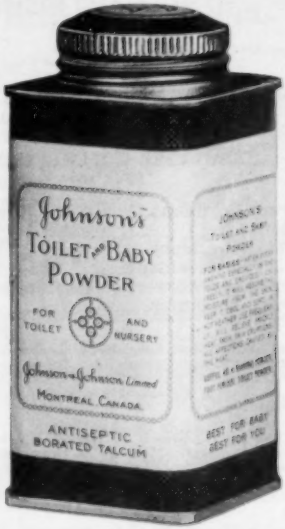


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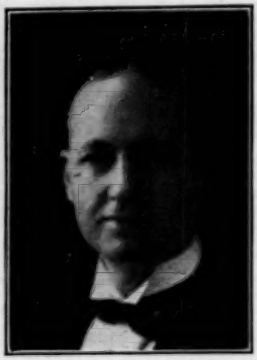

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